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ERNEST JONES

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TO  
ERNEST JONES

PRESIDENT OF THE INTERNATIONAL  
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ON THE OCCASION OF HIS SIXTIETH BIRTHDAY

THESE PAGES ARE OFFERED  
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FROM ALL PARTS OF THE WORLD

IN GRATITUDE  
FOR HIS UNCEASING EFFORTS ON BEHALF OF  
THE PSYCHO-ANALYTICAL MOVEMENT

IN ADMIRATION  
OF HIS FAR-REACHING CONTRIBUTIONS TO  
THE SCIENCE OF PSYCHO-ANALYSIS

AND IN THE EXPECTATION  
THAT HIS LABOURS IN BOTH OF THESE FIELDS  
WILL BE AS ACTIVE AND FRUITFUL IN THE FUTURE  
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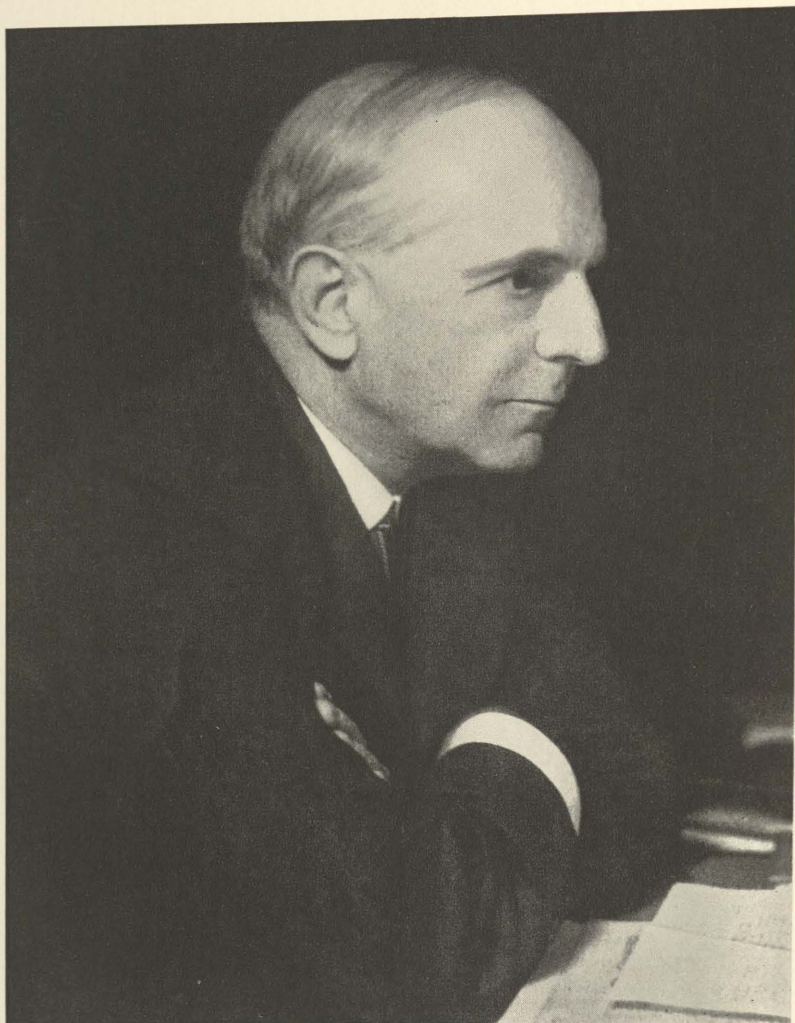
\* \* \* *The Contributions are arranged in the alphabetical order of the names of their Authors.*

It has unfortunately not been found possible to include in the present number papers contributed to it by Mrs. Melanie Klein and Dr. John Rickman; but it is hoped to publish them subsequently.

The Title Page and Table of Contents of the present volume will be included in the next number.







Ernest Jones

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# THE INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS

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VOLUME XX      JULY—OCTOBER 1939      PARTS 3 & 4

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## ORIGINAL PAPERS

### ON TRANSFERENCE AND COUNTER-TRANSFERENCE

BY

ALICE BÁLINT AND MICHAEL BÁLINT

MANCHESTER

A question which frequently arises in psycho-analytical discussions on technical themes is whether transference is brought about by the patient alone, or whether the behaviour of the analyst may have a part in it too. On such occasions one opinion is always put forward emphatically by certain analysts. It runs roughly as follows: 'If and when the analyst has influenced the transference situation by any means other than his interpretations, he has made a grave mistake.' The purpose of this paper is to investigate whether and how far this opinion corresponds to the facts.

The phenomenon of transference can best be demonstrated if its object is an inanimate, lifeless thing, e.g. the door which was banged because the cause of our anger was behind it. With a living being, the whole situation becomes infinitely more complex, because (a) the second person is also striving to get rid of his unvented emotions by transferring them on to the first, and (b) he will react to the emotions transferred on to him by the first person. The situation is hopelessly inextricable, unless one of the persons involved will voluntarily undertake the task of not transferring any of his feelings on to the other for a definite period, i.e. to behave as nearly as possible like an inanimate thing. This conception is the basis of Freud's often quoted simile: the analyst must behave like the surface of a well-polished mirror—a lifeless thing. Analysis has also often been compared with a surgical operation, and the behaviour of the analyst with the sterility of the surgeon. Again we have the condition of lifelessness, for the word 'sterile' originally meant 'not producing a crop or fruit'.

The fact that there can be transference on to inanimate objects as well as on to living beings settles one part of our problem; for it



shows that transference may be a one-sided process, i.e. that it may develop without any assistance from another person. The opinion which demands that the analyst shall not in any way assist in the formation of the transference is undoubtedly strengthened by this fact. Let us inquire how far the demand for perfect sterility is satisfied by the actual analytic technique. That is, let us see whether the 'passivity' (which means in this connection the same thing as sterility) of the analyst is in fact quite free from any traces of his own transference.

Some of the elements which unavoidably trouble the ideal of perfect sterility were fully discussed by Freud,<sup>1</sup> and thus we need not consider them in detail. Freud has emphasized the fact that analysis does not take place in an airtight compartment: the analyst has a name, is male or female, is of a particular age, has a home, etc.; in a very broad sense, we transfer these elements of our personality on to our patients. To deal with the reactions caused by these elements requires in fact a certain amount of technical skill, and these problems are often discussed in control analyses as well as in our technical seminars.

There are, however, many more such personal elements, which, though often discussed by analysts in private circles and even with a very keen interest, have scarcely if ever been mentioned publicly.

A very typical detail of this kind is 'the problem of the cushion'. There are several solutions to this problem: (a) the cushion remains the same for every patient, but a piece of tissue paper is spread over it, which is thrown away at the end of the hour; (b) the cushion remains, but every patient is given a special cover, distinguishable from the others by its shade or design, and for each hour the cushion is put into the appropriate cover; (c) each patient has his own cushion and must use only his; (d) there is only one cushion or only two or three of them for all the patients and it is left to them to use them as they like, etc. Moreover these possibilities have to be multiplied by at least three, because the situation differs according to whether the analyst, the patient or a servant manipulates the cushion.

A bagatelle, it may be thought, which it is almost ridiculous to treat at such length. And yet such trifles seem to have a certain importance in the formation of the transference situation. For instance, one patient, who for external reasons had had to change his

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<sup>1</sup> In his papers on technique, *Collected Papers*, Vol. II.



analyst, dreamt of his first analyst as working in a highly modern, white-tiled W.C., well fitted with every hygienic refinement, and of the second as working in an old-fashioned, dirty, stinking place. It is not difficult to guess which solution of the 'problem of the cushion' was favoured by the first analyst and which by the second. The dream analysis showed clearly that the patient drew certain conclusions as regards his two analysts' different attitudes towards cleanliness from the way in which they treated the cushion problem. No one is likely to dispute that an analysis conducted in an atmosphere corresponding to the first part of the dream will take a different course from what it would in an atmosphere corresponding to the second part. For the present we are not concerned with the problem of whether or not one condition is more favourable to the progress of an analysis than the other. We only wish to assert that there do exist differences in the analytical atmosphere which are brought about by the analyst himself. (One must however bear in mind that each of the two analysts maintained the same attitude concerning the cushion towards every one of his patients, that is to say, his personal contribution to the analytical atmosphere was the same in all cases. This is a point to which we shall have to return later.)

The same is true of a whole number of such details. Another important point, for instance, is the way in which the end of the session is brought about. Some analysts get up from their chairs, thus giving the signal. Others simply announce it in stereotyped words; others again try to invent new formulas for each hour; some begin to move to and fro in their chairs and the patient has to infer from the sound that the time is over; others again use alarm clocks, or keep a clock in front of the patient so that he may himself see the time passing. Then there is the couch itself, which may be low, broad, comfortable, or quite the contrary; the chair of the analyst; the arrangement of the consulting room—shall it be furnished as a study or as a drawing-room? or shall it be left totally unfurnished apart from the couch and the chair?—the method of lighting the room, etc.

The items that have just been enumerated are—so to say—tangible features of the analyst's behaviour. Certainly it is not a bold inference to conclude that many more such 'personal' elements influence our intangible analytical attitude as well. For instance, some analysts are parsimonious with their interpretations, and give one only when its correctness is practically certain; others are rather lavish, even at the risk of giving a number of incorrect ones. Some analysts do not



encourage a silent patient to speak, others frequently do so, and so on.

Then there is the very delicate and very intricate problem of what should be interpreted to the patient and when and how. It is remarkable that the advocates of the different methods of interpretation, as well as their critics, are inclined to think that only their own technique is correct, and consider all other measures bad or even harmful. This arouses a suspicion that some personal element may be playing a part in the evaluation of the various ways of solving the problem, since differences in effectiveness do not always correspond to the stress laid upon them, as was pointed out by Edward Glover at the Paris Congress in 1938.

In the last fifteen years several procedures have been suggested. Let us quote them, followed in each case by the appropriate criticism: (1) The characteristic behaviour of the patient should at once be interpreted, at the very beginning of the treatment, even in the first analytical session, and subsequently again and again; another opinion maintains that such procedure is likely to produce unnecessary resistance in the patient. (2) Above all and first of all the actual meaning, the one relating to the analytical situation, to the transference, should be interpreted; the contrary opinion declares that the threads leading to the infantile situations should first be followed up. (3) A deep interpretation should be given as soon as possible: the deeper the early interpretations the more effective they are; others advise one to be very cautious in this respect, to give deep interpretations only if the material is strong enough to convince a resistant patient unconditionally. (4) The defensive mechanisms have first to be interpreted irrespectively of the infantile material, even though it may present itself quite clearly; others maintain that both the infantile material and the defensive mechanisms may be interpreted at the same time, etc.<sup>2</sup>

But besides these major differences, the very fine shades present in the formulation of an interpretation or even of a seemingly indifferent communication, the choice of one or the other of the many synonymous possibilities, the accentuation or non-accentuation of certain words,

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<sup>2</sup> For literature see Ferenczi and Rank, *Entwicklungsziele der Psychoanalyse*, 1924; Strachey, 'The Nature of the Therapeutic Action of Psycho-Analysis', this JOURNAL, Vol. XV, 1934; Anna Freud, *The Ego and the Mechanisms of Defence*, 1937.



even their cadence or intonation, naturally differ from analyst to analyst. The best argument for the existence of a personal element in all this is the fact that in control analyses words are very often used by the controlling analyst to the following effect: 'What you said to your patient was quite correct; only I should have said it in rather different words, and certainly with a different stress.'

In addition to these variations in technique which characterize the general attitude of one analyst towards all his patients, there are others arising from our conscious adaptation to the requirements of particular cases. With a child, for instance, we shall have to behave differently from the way in which we do with a grown-up; it is a fairly common practice to call a child patient by his Christian name and also to allow him to call us by ours; he is permitted and even encouraged by us to play during the analytical hour; he may touch us, sometimes gently but sometimes aggressively, etc. etc. The situation is almost the same with psychotics. This similarity between child-analysis and the analysis of a psychosis has been described and emphasized so often as to be already a commonplace.

Of course, every patient has to be, and is actually, treated individually, i.e. differently, and thus every analysis carried out by the same analyst is different from every other one; nevertheless it is undeniable that there are several individually different ways of analysing different analytical atmospheres, so to say, created and maintained by the individual analyst's technique and personality. Naturally certain psychological features usually go together with certain of the more physical, tangible, details described above.

Remembering the metaphor of the mirror, is it not remarkable that there are so many individual ways of analysing? And is it not still more remarkable that if the analyst happens to be a training analyst, almost all of his pupils when they begin to work 'independently' are likely to use his methods, from the form of interpretation to the—let us say—way of furnishing their consulting rooms and of announcing the end of the analytical hour, thus giving a convincing proof that the real source of all these recurring features is transference, which in the case of an analyst in the analytical situation is euphemistically described as 'counter-transference'. The danger of being stuck fast in such a transference is one of the arguments in favour of the demand that at least one part of each control analysis shall be conducted by some analyst (or better by some analysts) other than the training analyst.



Looked at from this point of view the analytical situation is the result of an interplay between the patient's transference and the analyst's counter-transference, complicated by the reactions released in each by the other's transference on to him. If this is so—and it really is so—are we to conclude that there is no such thing as the 'sterile' method of analysing? That the opinion quoted at the beginning of this paper is based on an ideal never attained in practice? Formerly belief in the absolute validity of the mirror-like attitude was so firm that contesting it was liable to be regarded as a sign of desertion. And now—not only in the present paper—the very possibility of such an attitude is challenged. The circumstance that two such opinions could be formed, and both on the basis of ample clinical experience, explains the frequent discussions upon this subject and justifies our writing this paper.

The solution of the controversy can be arrived at by clinical experience only. The second opinion would lead one to expect that the different analytical atmospheres created by the analyst's personality would exercise a decisive influence upon the actual transference situation and consequently upon the therapeutic results as well. Curiously enough, this does not seem to be so. Our patients, with very few exceptions, are able to adapt themselves to most of these individual atmospheres and to proceed with their own transference, almost undisturbed by the analyst's counter-transference. This implies that all of these techniques are good enough to enable patients with average disturbances in the development of their emotional life to build up a transference which is favourable to analytical work. Though the advocates of one or the other technique, especially those of certain particular methods of interpretation, maintain that all methods except their own are less effective, actual analytical results do not seem to substantiate this claim. The statistics of the different local psycho-analytical institutes show, upon the whole, almost the same percentages of successful and unsuccessful treatments,<sup>3</sup> and, further, however different the individual variants of psycho-analytical technique may be, they do not seem able to influence the average duration of treatments.

One must reluctantly admit that for the average neurotic patient

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<sup>3</sup> *Zehn Jahre Berliner Psychoanalytisches Institut*, 1930; The London Clinic of Psycho-Analysis: *Decennial Report*, 1936; Institute of Psycho-Analysis, Chicago: *Five-Year Report*, 1937.



these individual variants of technique do not greatly matter. Why then the heated discussions and the comparative intolerance in matters of technique? The ardour with which the individual methods are defended is an interesting instance of the well-known social phenomenon known as 'the narcissistic overvaluation of small differences'. As we have seen, one main source of the analyst's individual technique is the transference of emotions; i.e. our technique, our analytical behaviour, has an important economical value too, being a well-adapted, well-rationalized, sublimated way of alleviating strains, especially those arising within us while we are dealing with our patients.

We have not forgotten, of course, that our technique has first to comply with the objective demands of our work and naturally cannot be only an outlet for the emotions of the analyst. Viewed from the standpoint of the mental economy of the analyst each technique has to cope with these two different tasks. The objective task demands that a patient analysed in any of the many individual ways shall learn to know his own unconscious mind and not that of his analyst. The subjective task demands that analysing shall not be too heavy an emotional burden, that the individual variety of technique shall procure sufficient emotional outlet for the analyst. A sound and adequate technique must therefore be doubly individual.

This means that we have highly personal motives for fervently defending our individual methods of analysing. But, in doing so, we do not fight for our mental comfort alone, but for what is, objectively as well as subjectively, the best method. Returning to Freud's metaphor, we see that the analyst must really become like a well-polished mirror—not, however, by behaving passively like an inanimate thing, but by reflecting without distortion the whole of his patient. The more clearly the patient can see himself in the reflection, the better our technique; and if this has been achieved, it does not matter greatly how much of the analyst's personality has been revealed by his activity or passivity, his severity or lenience, his methods of interpretation, etc.

There is only one method of psycho-analysis, that laid down by Freud; but there are different ways of achieving that aim. There is no such thing as an absolutely good technique, to be followed by every analyst in the world. But on the other hand the analyst must be required to make himself conscious of every emotional gratification brought about by his individual technique, in order that he may keep a better control upon his behaviour—and upon his theoretical con-



victions. Every advance in psycho-analysis has had to be paid for by an ever-increasing conscious control over the investigator's emotional life. We believe that our technique can be still further improved, if we are able to bear still further conscious control over our everyday analytical behaviour.



## A DEFENCE OF BIOGRAPHY

BY

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We have all observed that, among our acquaintance, there are some people who keep practically all the letters they receive and others who throw them almost all away. I say 'practically all' and 'almost' because the phenomenon is seldom absolute. Nevertheless, some people are on the whole inclined to destroy all their correspondence, others to preserve it all.

There appears to be some connexion, although a rather loose one, between the nature of this tendency and the propensity to be a good or bad correspondent. People who faithfully answer all their letters, who take the written exchange of thought seriously, have usually a higher opinion than others of the value of paper covered with writing. But there is nothing absolute about this, so that other antagonistic tendencies may supervene to counteract this general connexion. The tendency to preserve letters seems far more closely linked to the habitual behaviour of the correspondent with regard to the preservation or destruction of possessions in general. Abraham has associated the opposed tendencies to 'let go' or to 'hold back' with the primitive anal erotism of the infant and its two phases of free excretion and sphincter retention. At any rate, some people fill their drawers with all the things that they have once used, and indeed with anything that comes into their hands, even after it has become useless, while others go to the opposite extreme and very quickly throw into the waste-paper basket, the dustbin or the fire, everything which is no longer in actual use. The letters received by these progressive individuals form no exception to the rule; in their passion for what is new, for things to come, in their contempt for the past, these people throw practically every communication they receive, after having read it, into the waste-paper basket or the fire.

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A vital impulse lurking in the depths of each of us, which induces us to spurn yesterday in favour of to-morrow, urges on these destructive beings. For the impulse which drives life forward aspires to destroy yesterday in order to make way for to-morrow; the autumn leaves must rot on the ground before spring can turn it green with grass.



Life cannot encumber itself with the graves of past days and drawers filled with old letters if seen from this point of view soon come to resemble cemeteries.

And yet an antagonistic and equally powerful tendency opposes this craving for destroying the past : the tendency of life to maintain through the ages its vanished forms, to cling to anything that was once a reality. This conservative tendency makes many people struggle stubbornly (alike internally and externally) against the first—the destructive—tendency, and causes them to accumulate old furniture in their attics and old letters in their drawers.

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But whenever, as for example after a death, the heirs or executors of the dead person have to go through his papers, they frequently receive shocks. In the midst of a general tendency to preserve or to destroy, various cross-currents can be discerned in the mass of material which confronts them. It may happen that in the correspondence of a lifetime, in which all sorts of letters from people of no consequence are piled up, the very letters which one might have supposed the deceased person would treasure the most—his wife's letters for instance—may be missing.

But the reader may at this point accuse us of inventing a problem that does not really exist. Letters exchanged with one's wife may well be of such an intimate character that it is not surprising that they should have been destroyed. All the more so of course where extra-conjugal love-letters are concerned, and indeed these are seldom to be found among papers left by the dead.

For the same moral censorship that inhibits the manifestations of our most vital instincts and which, even during our slumbers, distorts the dreams that they nourish, also acts upon the written expression of our psyche and exerts an influence upon the communications exchanged between human beings.

We repress our aggressive instincts at least as much as our sexual instincts and that is why not only compromising love-letters but also those in which we have expressed ourselves to our friends rather too freely, that is to say too aggressively, about somebody or other, in particular those who are near to us, are so often swallowed up by the fire or the waste-paper basket.

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The tendency of the human psyche to cling to the past, the adhesiveness, as it has been called, of the libido, can however enter into a



struggle even against the censoring force of the proscribed instincts. And so there are to be found in the archives of states or of families, not only those documents or historic correspondences which have been written with the obvious aim of reaching posterity, but also intimate personal letters which had never been intended to figure there, and which enable one to reconstruct whole life-histories.

How do such letters escape destruction? Let us try to go over the probable psychological story of the vicissitudes of their preservation.

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In order that intimate letters, threatened alike by the forward destructive march of life and by the suppressive social censorship, should reach us, several obstacles in time must be successfully surmounted.

Let us take the extreme case of extra-conjugal love-letters addressed to a married woman. In the first place it is necessary that, having received them, she should be strong-minded enough to keep them in some nook or hiding-place, instead of burning them at once. Now this used to be, and may still be, extremely dangerous. Her husband, supposing he were to find them, might in former times have killed her, though nowadays he would be more likely to divorce her. Her love, transferred from her beloved to the paper on which his love was expressed, must therefore be stronger in the woman's heart than fear of danger. This, however, frequently occurs, as long as love lasts, and many dramas have been brought on by passionate letters, tenderly but rashly preserved.

Love, however, eventually diminishes and dies, in obedience to the laws governing all human emotions, or rather in obedience to a universal law. The forsaken lover or mistress always experiences at this time a more or less conscious aggressive feeling towards the partner who has first defaulted. But, as it is not easy to kill, the aggression is often deflected on to a symbol and love-letters are usually the scapegoats on which vengeance is wreaked. People may send them back but they more often burn them, the forsaken lover or mistress thus slaking in some small measure his or her thirst for revenge, while the unfaithful one thus frees himself or herself from a past that might be a drag on some new love affair. For this second obstacle to be surmounted an unusually strong attachment to past memories is needed.

But let us imagine that the love-letters have successfully negotiated this second obstacle on their road through time. A third obstacle—



perhaps the most fraught with dangers—awaits them : that raised by death.

For when the body of the former lover or mistress, sometimes grown old, sometimes still youthful, lies cold and stiff on its deathbed, who will still feel the glow of passion that lingers on, like fire under ashes, in the pages of old letters ? The heirs, the sons, the daughters, if they find those compromising papers, will perhaps avert their eyes respectfully and discreetly throw them on the fire, without reading them. Possibly curiosity will be too much for them. They may read before they burn, but burn they will. And as a rule they will be fully justified in so doing, for most of the innumerable love-letters of men are not worth keeping. But the letters of an Héloïse or of a Portuguese Nun, had these impassioned women left children, would no doubt also have perished in the flames, and we shall never know how many heart-cries worthy of being heard have been stifled by the destructive devotion of surviving relatives.

The chief obstacle to the preservation of papers belonging to the dead, whatever their human interest may be, is however not of a psychological but of a material order. It has been said that ' Veneration for the past is a question of space '.<sup>1</sup> The living are now in need of the space formerly occupied by the dead. It follows that people can no more turn their cupboards into archives than their cities into cemeteries. Letters that have been addressed not to us but to the dead, and which therefore have no present, living interest for us, get in our way, and the only people who can consider the question of preserving them are those fortunate enough to possess attics sufficiently roomy to house them.

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But let us suppose that the heirs have got such attics in their houses. They are then confronted by the psychological obstacle to the preservation of the papers.

In the first place it is clear that people destroy what they do not like. Now, in the case of a man or woman who has just died, what will the heir dislike among the papers left by his beloved father or mother, husband, wife or friend ?

There are several kinds of relations between the deceased and other people that he may object to. In the first place, if he passionately loved the dead person and was therefore more or less

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<sup>1</sup> ' *Pietät ist eine Raumfrage.*'



consciously jealous, he will resent everything that reminds him of any human relationship his beloved may have had with people other than himself. The more intimate these relations may have been, the more acutely will he feel it. There are examples of survivors burning any written testimony to the friendly relations of the loved one with other people, only preserving their own correspondence with him or her.

If the dead man or woman has played him false, he may, from motives of revenge, take pleasure in destroying even the letters addressed to himself.

Or he may be shocked by something or other and destroy it for that reason. This happens, for instance, to certain intimate letters which are often offered up as a holocaust to the human censorship of sexuality. The dead man or woman should not have written this or that; certain instinctive, animal traits in him or her are disapproved of. This is particularly likely to happen if love-letters written by a father or mother are found among their papers. Such traits must be eradicated from the memory of one's parents out of respect for them, perhaps also out of jealousy.

In fact, we can affirm without reviewing any more cases that people in general show a tendency—heirs and executors merely have occasion to exhibit this tendency more strongly when dealing with the papers left to them—to treat the writings of others as they would have treated the writers themselves. My parents must have led blameless lives: their papers too should be blameless! My friend, when he failed me should have been blotted out of my life: I will burn our correspondence! I wished to be the only person in the world for him or for her: I will keep only our own letters and throw into the fire all those that came from other people!

As regards the general censorship on sexuality, heirs treat the papers of the deceased as they would have treated in themselves their own sexuality. A very repressed, very conventional person will remove from the deceased's correspondence—even if he was not intimately connected with him—anything of an erotic or sexual character. If an intimate diary is discovered he will fling it with a shudder into the fire.

But the attitude that the heir takes up towards his own acts of aggression will give different results. When he comes to examine the papers left to him, he will be ready, if he himself is highly aggressive, to destroy both what appears to him aggressive and what is not so in reality. He will be ready to cross swords, so to speak, with the dead



person and of course he will win the day. An obsessional on the other hand, whose aggressive impulses are inhibited, will not dare to destroy and burn most of the papers, even if they contain abuse of himself, even if a friend's letters, for example, contain, to his surprise and dismay, accusations against himself. It would seem to him like killing the dead over again. . . . In the same way, he will probably also keep papers which may be harmful or compromising for third parties. For those whose aggressive impulses are inhibited allow others—living or dead—unlimited freedom of aggression, behaving in this particular just like those nervous statesmen whose 'love of peace' enables them, with a clear conscience, to allow the strong to strangle the weak.

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Anna Freud, to whom I had communicated the views expressed above, has drawn my attention to the fact that an obsessive attitude towards the preservation of objects and writing must necessarily draw its nourishment from the ambivalence of our feelings. The more ambivalent we are towards a beloved being, the more necessary it becomes to protect him and anything which may, by displacement, represent him, from our own un-enacted aggression.

Such a generally conservative attitude must however be due to a general economy of the instincts, of which the case mentioned above is merely a consequence. In this economy there is no doubt a presumably inherent predominance of erotic instincts over destructive instincts. This predominance would emerge every time the things or the beings we love are threatened with destruction, whether the threat comes from ourselves or from the outside world whose accomplice we do not wish to be. But whenever the painful obsessive attitude is present in the tendency to preservation, we must postulate ambivalence, that is to say the fusion and not the separation of the instincts of love and the instincts of destruction, the latter being as it were closely watched by the former.

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But what then is the genuinely positive element in a character which makes a person keep papers—his own or other people's? In the first place unquestionably narcissism.

Individual life seeks self-affirmation at all costs; it longs never to cease to be. And since nevertheless die one must, the individual clings desperately to anything which may provide him with the illusion of survival. Through their letters the dead may one day announce to the world 'I have lived' and this seems like living still.



Time appears to be conquered, for one's voice, fixed on paper, has by this means survived.

This more or less conscious idea makes some people keep all records of their past life such as letters or intimate diaries. It is by a transference of this narcissism to the dead man or woman, by identifying him with ourselves, that the papers of certain deceased persons are sometimes obsessively preserved by those who inherit them.

For this to happen it is also necessary that the hoarder of papers—his own or other people's—should possess a certain degree of exhibitionism which prevents his shrinking from the possible revelation of certain intimate passages in his own life or in that of others.

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It seldom happens that an heir, when faced by the papers left by the dead, manages to approach the matter objectively. He is bound by too many ties of sentiment to a past which is still too near. He inclines to perform too many psychological 'displacements' on to the papers confronting him. In order to possess the requisite objectivity, he would have to be able, immediately after the death had taken place, to examine and judge the papers of the deceased—both letters and diaries—with the serene detachment of posterity. He would not then keep dull and useless material out of irrational respect for the dead; nor would he destroy valuable human documents out of aggressive feelings against the dead person or from some other emotion such as jealousy or an outraged sense of propriety. For an heir to be able to approximate to the judgement of posterity, his mental attitude towards written documents in general and towards the dead person in particular must be as far as possible free from neurotic ingredients and from the echoes of his own personal complexes. If this could be achieved he would be able to judge every paper, not according to the feelings that it might arouse in him, but according to the intrinsic value that it might have for humanity. He would only keep historic documents capable of throwing light on the collective evolution of things or of societies, or else human documents of special psychological or artistic interest even if they were sometimes still liable to shock contemporaries. The documents would then be carefully put away in some cupboard or attic to bide their time till they could be summoned to the court of appeal of later generations—which might possibly result in their ultimate resurrection, that is to say, in the case of manuscripts, in their publication.

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Let us now suppose that papers of this kind have been kept. Years pass, sometimes centuries. And then one fine day, up in an attic in some ancient house, a forgotten old box is opened.

If the great-grandchild who opens it has no historic interests he may throw all these old papers away without even reading them. But antiquity always confers some sort of prestige and a descendant usually casts a curious look at old papers. And if he reads them or asks someone else to read them for him, he or his appointed reader will be the judge in the court of appeal that is to decide, after having heard what these old papers have to say, whether they are to be preserved, or granted a temporary reprieve, or immediately executed.

The stretch of time which separates a descendant from his ancestors is too great for ties of sentiment to be binding. If the descendant or the third party possesses a highly developed critical faculty he will then be able to judge according to the intrinsic value of the papers. Having crossed this fourth obstacle any documents of really remarkable historical, æsthetic or human interest, however compromising they may once have been, will be held worthy of survival. Others will perhaps be thrown into the fire, this time, in all probability, quite rightly. For not all life-histories are interesting ; the intimate letters of some great writer or soldier or scientist of course retain their value, but the correspondence of an ordinary peasant-woman or working-girl or middle-class lady or duchess cannot matter to us unless it happens to contain some remarkable information about the writer's period.

In any case if a written document has got over the third obstacle which rises up, after a death, between the first and second generations, there is a fair chance that it will finally be judged on its intrinsic merits. The third generation has already broken the ties of sentiment linking it to its grand-parents whom it either never knew or only very slightly. As for the fourth generation and still more so even later ones, we shall be for them merely a portion of history and need fear neither their censorship nor their respect.

Who would dream of burning Cleopatra's love-letters if he happened to find them ? It will perhaps be said that Cleopatra's reputation for virtue has long been under a cloud. But would anybody even burn—if such a surprising discovery were to be made—*billets-doux* written to some gallant by the virtuous Maria Theresa ? History in this case takes precedence.

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But have we got the right to give it precedence? In spite of our present infatuation for biography, some people on reading this may object that the fact that the Empress Maria Theresa may have loved another than Francis of Lorraine cannot affect her political reputation. Why then such unnecessary indiscretion? Why should her name be sullied? This so-called love of truth which impels psychologists and biographers, this cruel, sacrilegious love, is frequently nothing but spite! Human beings in general are too dense and too unkind to deserve to have the intimate secrets of other people—especially of famous men and women—laid bare for them. It will merely encourage their tendency to envious depreciation of everything which is above their heads. Let the souls of the dead keep their secrets just as graves keep the secret of the ultimate destiny of their bodies! We do not reopen coffins. Why then reopen old letters?

Biographers and psychologists will reply that a biography that is as real and human as possible will not detract from the reputation of the dead. Through the medium of the written word they will at least live on in the reflection upon paper of the thoughts in their minds and of the feelings in their once beating hearts. They will be far more vividly represented than in the pages of some frigid and false idealization. Biography indeed, has another and higher function than the mere satisfaction of an idle or unhealthy curiosity. For those who understand—and they are the only people who count—biography, reaching out beyond the uncomprehending thousands, becomes a means of communing with a wider humanity.

We like to feel, through space and through time, the beating of hearts that seem to keep time with our own. We need a sense of communion with something vaster than our own narrow circle to sustain us in our sorrows as in our joys. Biographies of men and women of the past bring to light the unity of human nature and are really like family portraits in which we recognize now one and now another of our own features.

In order that these portraits should be faithful likenesses it is however essential that the subjects' most loveable characteristics, although they may be considered by some as the least desirable, should not be removed from what is supposed to be respect but is in reality sacrilege. And these are the very characteristics that are usually preserved in intimate papers such as letters or diaries, which are so often threatened by the devoted persons who inherit them.

The adversaries of biography, whether or not they believe in some



future life, will perhaps retort to this that our only real survival upon earth is that which we have in common with our brother animals, that is to say our survival in the species and in what our descendants inherit from us. What then can it matter to us, our souls being in heaven or nowhere, if a little more or less of the memory of our fleeting individual life remains here below, vainly preserved by a certain number of papers and even monuments?

So final, so nihilistic a resignation is however practically impossible to man—the only animal who knows that he must die. The human longing for survival is not merely the aspiration still to be loved in spite of death. There is also the narcissistic desire to go on living in some form or other and in spite of everything. And even the humblest among us, though he cannot hope for monuments or writings to perpetuate his name, aspires at least to have that name carved on a tomb, so that he shall not be altogether 'forgotten'. It is for that reason that the system of family graves held in perpetuity has been instituted for the wealthy,—as though anything could last for ever! And since papyrus, even parchment, and paper most of all, fall into dust, man has invented printed books in which thought can be reincarnated from century to century. And so the battle against oblivion, in which, however, man must finally be defeated, still goes on. For man considers that to be forgotten is to die a second and more complete death and this belief will no doubt endure as long as humanity itself.



## A PREFATORY NOTE ON 'INTERNALIZED OBJECTS' AND DEPRESSION<sup>1</sup>

BY

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It is a truism that a hypothesis cannot be evaluated unless it is understood. It is less immediately obvious that intelligent understanding of any contribution to theory demands not only understanding of the hypothesis itself and of the grounds for it, but also the establishment of perspective in regard to it, preferably, in the first place, historical perspective. This is especially important in the case of theories that appear strikingly new or revolutionary. In such instances a comparative study of the new and the old will serve to bring out not only what is really original in the new, but also the relationship between the new and the old. It will establish the nature and direction of positive advance and at the same time bring to light any special angle of approach or change of emphasis involved in it, that, if unrecognized, might lead to extremism or to the premature discarding of older proven values better retained. The establishment of historical perspective is thus a useful safeguard against actual or potential negative values in new contributions. It appears to the writer that a comparative study of the essentials of the theory of 'internalized objects' with special reference to depression might help to advance mutual understanding in a region at present highly controversial.<sup>2</sup> Such a study might at least tend towards an ultimate harmonious integration of theory, even

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<sup>1</sup> In this field, as in so many others, Ernest Jones himself was a pioneer. His 'Notes on a Case of Hypomania' (*American Journal of Insanity*, Vol. LXVI, 1909) is one of the earliest contributions to this topic. He concludes by saying: 'no generalizations as to the nature of manic-depressive insanity are offered from the observation of this case, but it is maintained that studies undertaken by means of the psycho-analytic method promise better than any others to give us in time an understanding of the mechanism and perhaps the nature of the malady.' Apart from the accuracy of this prediction, it may be noted that the observations recorded bring into high relief just those clinical features that subsequently led Freud and Abraham to their first generalizations.

<sup>2</sup> This project is in line with an oral suggestion made by Ernest Jones some years ago.



though its immediate effect, if any, should be to sharpen existing differences of opinion. Clearly such a study cannot be attempted in a short communication. The present note is therefore labelled 'prefatory' and is confined to a brief summary of certain major difficulties that beset inquiry in this field.

Any advance in theory may be accelerated, retarded or otherwise affected by circumstantial difficulties within the bounds of the analytical circle itself, as distinct from the world at large. They spring from current permutations and combinations of 'personal equations', relationships, questions of prestige, policy and other sources. They may be serious and hard to deal with, but they are to a large extent independent of the actual content of the theory itself, extrinsic, rather than intrinsic. In the case of internalized objects, in addition to a variety of extrinsic or circumstantial difficulties, we are probably all confronted with intrinsic difficulties, subjective reluctances, unconscious resistances, more anxiety-laden than any we have hitherto been called upon to overcome in our pursuit of psycho-analytic knowledge. Our individual reactions will, of course, be specific and will have to be recognized and dealt with individually, but it may be that there are certain general considerations that apply to us all in some degree.

In the first place, whatever our views on introjection and projection, the rôle these play in development and their relationship to other mechanisms, we have to-day to recognize that we all make some use of these mechanisms and that frequently we have what we might call a character preference for one rather than for the other. It would seem that any decided preference, i.e. habitual use of, and reliance upon, one member of the pair, must tend to create its own special effects in the realm of theory we are considering. People who make considerable use of introjection in maintaining their personal adaptation to life on the whole probably feel more at home with concepts relating to 'internalized objects'. For that very reason they may accept hypotheses concerning them too readily and too uncritically. They are also naturally disposed to feel that the world within really matters much more than any world without. On the other hand, people who habitually make greater use of projection mechanisms seem likely to have far more difficulty in appreciating that 'internalized objects' are in any sense real. It is common knowledge in practice that dealing with repression and projection defences are very different tasks. While the undoing of repression may be arduous and the immediate release of affect painful, the end-result is usually a phase of relief and easing of



tension. The reversal of a projection is not only more difficult to bring about, but may result in a marked increase of tension for some time. Since the reception of hypotheses has quite a lot in common with the reception of interpretations, it is no light thing to ask anyone whose peace of mind is facilitated by the successful use of projection to explore the maze of internal object relations. Nor should it surprise us if people with a character preference for projection lay stress on the relations of the internal world to external reality and are not content to consider it in isolation. The more dependent we are upon the preferential use of introjection or projection, the greater the danger of our becoming extremists in one direction or the other. Although the majority of us are not extremists either way, it is nevertheless highly probable that we all start with some degree of natural bias prejudicial to objectivity. Hence it is urgently necessary in dealing with these topics to pay careful attention to evidence and opinions opposed to our own natural inclinations in order to make sure that we are not cooking our evidence to the recipe we prefer.

A second group of difficulties centres round the fact that recognition of 'internalized objects' as entities contravenes the normal tendency of the ego towards synthesis and that awareness of them as such in the adult is more or less pathological, though it may be normal in earlier phases of development. The so-called normal person has succeeded in making a relative whole of himself. His 'internalized objects' do not ordinarily lead a recognizably distinct existence but are more or less permanently integrated into an organization he is justified in calling a unitary ego, 'himself'. Even in a conflict with instinct or with conscience the components involved are normally felt to belong to the total personality; they are the individual's own impulses, his own conscience, not foreign bodies. Attempts to dissect ego structure are often reacted to as if they constituted a real danger to stability. The personality 'atom' responds as if the investigation of its structure meant the actual dissolution of its mental electron organization and a regression to psychic chaos. Even Freud himself seems to take for granted in his earlier writings that the primitive ego is a unit. But in 1914 he says definitely '... it is impossible to suppose that a unity comparable to the ego can exist in the individual from the very start; the ego has to develop.'<sup>3</sup> Self-preservative or narcissistic prejudice in favour of a unitary ego may constitute one of the reasons why Edward

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<sup>3</sup> 'On Narcissism' (1914), *Collected Papers*, Vol. IV, p. 34.



Glover's conception of the nuclear structure of the primitive ego <sup>4</sup> and its progressive integration has not yet received the attention it deserves. It may be noted that this nuclear hypothesis is one that Melanie Klein herself is willing to credit.<sup>5</sup>

It seems to be a fact that internalized objects only announce themselves as such in clinical practice in cases in which it is obvious that normal ego-synthesis is defective. Thus they are common in severe neuroses and borderline cases and, in the writer's experience, particularly in cases in which depression is a marked feature of the symptom picture. These foreign bodies vary in badness, but they belong to the 'devil' group. The patient either laments that there is no health in him or is conscious of potentialities for good that are inhibited, frustrated capacities. In certain character-types one may come across 'good object' discrimination. In one instance there is a strong urge to pass on and re-create a grandfather ideal in the person of a son. Here the degree of dissociation of the object is nothing like so definite as in the usual run of bad objects. The ideal is felt and thought about as a part of the self inherited from the grandfather that must be passed on, not as a foreign body. This conjunction of imperfect ego-integration, depression and 'bad objects' is to be expected on theoretical grounds, if ego-synthesis is taken to be a function of libido.<sup>6</sup> Whatever differences exist, there has been agreement from the beginning as to the weakening or inhibition of libido in depressives and as to the heightened ambivalence of their object-relations.<sup>7</sup> In the writer's experience it makes a considerable difference to prognosis whether or not the real prototypes of the internalized 'bad objects' were objectively 'good' or 'bad', but it nevertheless appears that these psychic objects are distorted by projection of infantile sadism ('imagos'). In other words, awareness of 'bad objects' inside connotes imperfect mastery of infantile sadism and the persistence of methods of defence that may be normal in earlier phases, but cannot be regarded as normal in adults. We may differ as to the amount and

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<sup>4</sup> Glover, 'A Psycho-Analytic Approach to the Classification of Mental Disorders', *Journal of Mental Science*, 1932.

<sup>5</sup> Klein, 'A Contribution to the Psychogenesis of Manic-Depressive States', this JOURNAL, Vol. XVI, 1935, p. 146.

<sup>6</sup> Freud, *The Ego and the Id*, 1927, p. 64.

<sup>7</sup> Cf. Abraham, 'Notes on Manic-Depressive Insanity' (1911), *Selected Papers*, p. 137.



kind of sadism with which the human infant has to contend, but we shall probably agree that the mastery of infantile hatred is one of the most difficult tasks the individual has to undertake and that such mastery is not easy to maintain and is readily impaired. (The present state of world affairs underlines the failure of 'civilization' hitherto to solve this problem socially.) Small wonder then if we shrink from full investigation of states of mind that ante-date such mastery. Moreover, whether or not we subscribe to Melanie Klein's formula about the survival of the ego being dependent upon the preservation of a good whole object identified with it,<sup>8</sup> we should probably all endorse Freud's views as to the predominance of identification in early libidinal relations<sup>9</sup> and the secondary character of much of the libido cathecting the adult ego.<sup>10</sup> Indeed, if one admits no more than the existence of secondary narcissism it becomes evident that inquiry into the way it came into being may arouse severe anxieties. The more such exploration is unconsciously registered as a danger to stability, a threat of disintegration, the more likely we are to rush to precipitate conclusions. We may either grasp at any excuse we may be offered to justify rejection and denial of findings brought to our notice, or we may swallow them whole too readily and too uncritically. Either way affords escape from the long-drawn-out toleration of strong anxieties that reservation of judgement in such matters may entail.

It seems not improbable that the unmanageability of 'internalized objects' or their domination through integration is an issue that comes to a head and is decided during the period in which the child is learning sphincter control. One comes across a distaste for the 'solid' nature of internal object terminology and a preference for thinking in the more 'fluid' concepts of instinctual energy and affects that suggest painful anal reverberations. As we shall see in our comparative study there is a certain parallel between Abraham's dividing line between early and late anal phases<sup>11</sup> and Melanie Klein's depressive position,<sup>12</sup> but such considerations are out of place at this moment. The intention of this note is simply to indicate a few of the more general reasons for the 'intrinsic' difficulties of theory relating to 'internalized objects'.

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<sup>8</sup> Klein, *op. cit.*, p. 147.

<sup>9</sup> Freud, *op. cit.*, p. 35.

<sup>10</sup> Freud, *op. cit.*, p. 65.

<sup>11</sup> Abraham, 'Development of the Libido', *Selected Papers*, p. 432.

<sup>12</sup> Klein, *op. cit.*, p. 171.



## THE CONCEPT OF PSYCHIC SUICIDE

BY

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The concept that some people can die on purpose or can commit, so to say, psychic suicide has claimed my interest for many years. I have read six papers on the subject,<sup>1</sup> and have gathered a large mass of material of its manifold ramifications, but owing to the limited space at my disposal, I shall here give only a very short abstract of my material and a brief analysis of one of my cases.

I am convinced that the same forces which lead to ordinary suicide can impel some people to die without the need of resorting to any physical agency. Somehow, some people can make up their minds to die, and just die. Explorers and anthropologists, beginning with Spencer and Gillen, have been telling us that primitive people die if they know that they have violated a taboo, offended a sorcerer, injured a Kato-tree, entered a death house, or if a charmed stick or bone has been pointed at them. I could quote numerous authoritative statements from well-known observers, who have witnessed this strange phenomenon among semi-enlightened and primitive races the world over. All of them state that those aborigines, no matter in what part of the world, once they make up their minds to die, can rarely be saved. This is also confirmed by reliable physicians who have been trained in the latest technique of medicine and surgery, who thoroughly examined such cases soon after they felt that they were doomed, and after they died. There was nothing physical that post-mortem examinations could reveal to account for such deaths. I was assured of these facts by Drs. Arnold and Straub, who had practised medicine and surgery respectively in Honolulu for many years.

But long before I received these medical corroborations, I was

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<sup>1</sup> At the New York Academy of Medicine, January 9, 1934; at the annual meeting of the American Anthropological Association, Pittsburgh, December 29, 1934; at the Manhattan State Hospital Psychiatric Society, January 28, 1935; at the American Ethnological Society, the American Museum of Natural History, New York, February 25, 1935; at the 14th International Psycho-Analytical Congress, Marienbad, August 5, 1936; at the Clinical Staff meeting of the Park West Hospital, New York, April 24, 1939.



convinced that some of my own patients had actually possessed the strange faculty of dying at will, and that they actually committed psychic suicide. I could give no other interpretation to the surrounding circumstances of these deaths. To be sure, the situations surrounding these deaths did not proceed as smoothly and as definitely as in those reported of primitives; not all of my patients predicted—or, as one of them expressed it, 'had a hunch'—that they were going to die at a specified time, but making allowances for the differences in behaviour between moderns and primitives, the situation was the same.<sup>2</sup> Of the cases at my disposal, I shall report the following.

Mrs. K. was forty-three years old when I first met her; she had then been married for about twenty-two years and was childless. Our acquaintance started on a professional basis. Her niece came to me for analysis, and as she was Mrs. K.'s adopted daughter since early girlhood, Mrs. K. and I naturally had reason to meet from time to time, and I became, as it were, the psychiatrist of the family until she died at sixty-eight. Mrs. K. was a very placid, conservative, reserved New England lady. Whether at the bridge table or in church, she always displayed a conventional social grace and studied reserve. Her husband, her senior by about ten years, was her opposite in many ways; true, he was of the same stock and like her a devout Methodist, but he had had no education to speak of, and temperamentally he was entirely different from her. She was as pronounced a schizoid as he was a syntonik type of personality. She was cultured, college-bred; he was a self-made, successful business man, a 'go-getter' of the travelling salesman type, who in spite of his formal religiousness, did not hesitate to tell an off-colour joke in company. On such occasions Mrs. K. seemed shocked and looked at him reproachfully. There was no question that culturally and otherwise she was the dominating member of the home.

For a number of years we met occasionally to discuss her niece's problems, and many years later she also consulted me about her husband, who was subject to manic-depressive attacks. When he died, Mrs. K. was about sixty-two years old, and as far as anyone could see, she bore her widowhood calmly and gracefully. She continued her routine in her social and religious activities and spent considerable time travelling here and abroad.

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<sup>2</sup> Cf. Brill, 'Piblokto or Hysteria among Peary's Eskimos', *Journal of Nervous and Mental Diseases*, 1913.



In July, 1931, we met at her niece's home, and Mrs. K. casually asked me to examine her 'mind'. When I realized that she was serious about it, I requested her to come to my office. A thorough neurological and psychiatric examination shewed nothing abnormal in these fields. I suggested, however, that she should see her family physician about her general physical health, which she promised to do. About a month later I learned from her niece that her aunt had not yet seen her physician. When she finally consulted him, he found her in good physical condition, but advised her to take her annual rest-cure for about a month in the sanatorium to which she had gone for the last four years every Fall. Later in October, the niece reported that her aunt had not yet gone for the rest-cure, but that she was very busy preparing for it. For some reason which her niece could not understand, she now gave up her apartment and was busy putting her furniture in storage. She then listed all her effects, made a will and gave a copy of everything to her niece. It was found later that everything had been minutely arranged and disposed of before she left as if she did not expect to return. Two days after she entered the sanatorium, the niece was informed by the physician-in-charge that her aunt had suddenly become seriously ill and was urged to come immediately. She died before her niece arrived there, supposedly of a cerebral thrombosis.

One may question why I classify this case as a psychic suicide. Frankly, I should not have thought of it as such if her niece had not referred to her aunt's death as a suicide. She said to me: 'Doctor, my aunt really committed suicide, judging by the way she procrastinated about going to the hospital after she was told to do so, and by the way she arranged everything beforehand.' I felt that these casual remarks expressed more than just a mere expression of opinion.

As Mrs. K.'s life passed before my eyes in vivid panorama, the following facts became very clear. Except for a few fragments of her life which I had gathered from my patient, I knew nothing about Mrs. K.'s life. About six years before her death, she consulted me about her husband, and from him I learned that his erotic life with his wife had amounted to almost nothing. He told me that after a few unsuccessful attempts at coitus, Mrs. K. had insisted soon after their marriage that all physical relations must cease, and thereafter they had lived together on a platonic basis. He denied that he ever transgressed sexually; somehow, he had adjusted himself to a life of



abstinence. Throughout his life with her he was deeply absorbed in business. He was financially successful and gave all his leisure time to club and church affairs, in which his wife was very interested. Mrs. K. led a very regulated, but narrow existence. Her outlets were mostly of an infantile pre-genital type. Her religious and social activities were of a very conventional, punctilious and pedantic nature. They were seemingly contrasting reactions of a deeply repressed anal-sadism. After about thirty-five years of this drab and uneventful marital existence, her seemingly undemonstrative personality was rudely shaken by a financial scandal, in which her husband was deeply involved. I examined him shortly after this happened and found him suffering from a deep depression; and I was convinced that he had been drawn into this questionable deal while he was in a hypo-manic state. It goes without saying that Mrs. K. was much affected by the scandalous situation; it changed her whole standard of living and perceptibly narrowed her circle of friends. On the surface, she seemed to carry everything with equanimity, but to her few friends and her niece she frankly stated that she was disgraced and financially impoverished. When I informed her that it was necessary to send Mr. K. to a hospital, she insisted that she could not afford the expense of a private institution. I had to send him to a public hospital, where he eventually died. Yet, when her estate was examined after her death, it was found that up to the financial depression of 1929, which occurred four years after he died, she had had an annual income of about \$10,000.

With the beginning of the financial depression, her income suddenly shrank about 50 per cent., and it was then that she actually began to feel the loss of her husband, or what he mainly stood for—that is, her annual income. The gradual depreciation of her securities forced her into a new and unfamiliar situation, to which her rigid nature could not adjust itself. There were a few other disturbances which she suffered at that time. Her only intimate friend died suddenly, another classmate who had been living with her since her widowhood had to leave her, and last but not least, an unsympathetic behaviour by her niece's husband deprived her of the only family tie she seemed to value. Thus, Mrs. K.'s libidinal equilibrium, wobbly as it had been for some time, was entirely upset by these new situations. It was impossible for her to live financially at her former standard without cutting into her capital; her narcissistic make-up made this impossible. Her shallow libidinal paths having thus been gradually curtailed, her power of



sublimation was destroyed, and the repressed sadism against her husband could no longer be held in leash. The death instinct in the form of destructive components then came to the surface as hatred against herself and her husband. For forty-one years of her marital life she had sustained herself mainly through social outlets. As far as I could see, she was not deeply attached to anyone, not even her niece, whom she had brought up more out of duty than love. Indeed, she gave her everything, a good home, a good education, but no love. In her conversations with me she gave me the impression that her niece was a sort of necessary evil in her life. Her brother, the father of her niece, was supposedly the black sheep of the family, who, like her husband, disgraced her. The whole situation could be summed up by saying that the object-cathexis, which could not have been very strong in this narcissistic personality, was gradually disintegrating—a process which reached its height with the death of her husband and the subsequent financial depression. Her age and make-up precluded the possibility of displacing her libido on to anything new; so that, her activities having become more and more restricted, her libido turned back into her ego, and, by the familiar mechanisms of melancholia, produced an identification of her ego with the abandoned object. In the words of Freud: 'Thus the shadow of the object fell upon the ego, so that the latter could henceforth be criticized by a special mental faculty like an object, like the forsaken object. In this way the loss of the object became transformed into a loss in the ego, and the conflict between the ego and the loved person transformed into a cleavage between the criticizing faculty of the ego and the ego as altered by the identification.'<sup>3</sup>

The above quotation refers to melancholia, the typical symptoms of which, depression, agitation, self-accusation, self-depreciation, delusions of poverty, etc., frequently lead to suicide. Here the morbid picture was superficially quite different. The patient was undoubtedly depressed, but the classical signs of depression were concealed. The same was true of the other symptoms. They were all hidden, and probably also from the patient. Yet, when we think of Mrs. K.'s peculiar behaviour, we can readily detect almost all the symptoms of melancholia. Thus, her behaviour during the last few months of life, when she was apparently quite well, left no doubt about the dominance of the destructive instincts. Everything was arranged for the coming

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<sup>3</sup> 'Mourning and Melancholia', *Collected Papers*, Vol. IV, p. 159.



death; her will and all other instructions were written with the explicitness and finality of one who expresses last requests and last wishes. Everything was finished when she entered the sanatorium, she was prepared to die and everything proceeded as per schedule. Her suggestion that I should examine her mind can be interpreted not only as a feeling of self-depreciation, but also as a reference to her husband, who had died in a mental hospital; her feverish activities for weeks prior to entering the sanatorium represented the endopsychic agitation of the melancholiac who continually wishes to die; her make-believe poverty, which is a salient feature of melancholia, was nothing but her regressively transformed anal erotism. All these symptoms and many others had struggled within her for a long time, as was shown by her progressive loss of interest in life. Nevertheless, unlike the suicide of true melancholia, which is physically self-inflicted, this patient ended her life without resorting to external means.

If we assume that the processes active in psychic suicide, though not identical, resemble those of conscious suicide, we can say that with the death of her husband, the object-love, which had been gradually changed into narcissistic identification, in turn gave full play to the already existing ambivalence towards her husband, with the resulting liberation of her repressed sadism towards him. These hostile feelings, steadily increasing with the decimation of her fortune, finally annihilated that object through which she had suffered humiliation and poverty. For we know from Freud that 'probably no one finds the mental energy required to kill himself unless, in the first place, he is in doing this at the same time killing an object with whom he has identified himself, and, in the second place, is turning against himself a death wish which had been directed against someone else.'<sup>4</sup> Here, however, unlike the process in melancholia, the struggle proceeded silently, endopsychically, almost as in primitives, who, feeling that they are doomed, resign themselves and die at will.

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<sup>4</sup> 'The Psychogenesis of a Case of Homosexuality in a Woman', *Collected Papers*, Vol. II, p. 220.



# THE CHOICE OF ORGAN IN ORGAN NEUROSES<sup>1</sup>

BY

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An organ neurosis is the necessary expression of a neurotic conflict in terms of an organic disorder which has a specific character. The organ involved is determined by the fact that it was originally affected at a time antedating the full evolution of instinctual life. The instinctual response at that time to the organic dysfunction created a psychosomatic unit, i.e. an active or latent co-ordination of, and interaction between, a given organ and a psychic conflict. This psychosomatic interrelation will be used under certain somatic or emotional conditions as the pathological solution of a psychic conflict and will lead to a certain symptom complex. Thus when the old psychic conflict becomes active, the organ originally associated with the conflict is called upon to produce those symptoms. In the case of certain specific conflicts, we shall witness manifestations of both components whenever one is stimulated, reproducing the other component of the original situation. More specifically, a certain phase of an emotional complex becomes causally and by necessity related to a certain organic dysfunction.<sup>2</sup>

A mutual interaction between emotional and physiological processes must be considered to be present permanently in every human being, independently of whether the total function of the organism proceeds normally or abnormally. This presupposes a continual fusion between somatic and emotional processes inherent in the physiological or pathological function. If the pathological emotional process was able to invalidate the organic function, any repetition of this pathological process may lead to the same patho-physiological response and may be the only expression of this pathological emotional process. This implies that the same disturbance may arise when a pathological organic process coincides with a situation of emotional conflict which would have been solved without difficulty if the physiological function

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<sup>1</sup> From the Psychosomatic Laboratories of the Beth Israel Hospital and the Department of Medicine, Harvard Medical School, Boston. Read before the American Psychoanalytic Association, Chicago, May 8, 1939.

<sup>2</sup> F. Deutsch, 'The Associative Anamnesis', *Psychoanalytic Quarterly*, Vol. VIII, 1939.



were not disturbed at the critical moment. The aforementioned fusion, once expressed in an organic dysfunction, can remain latent and will find visible revival under various conditions.<sup>3</sup> In respect of producing a psychosomatic complex of symptoms, this fusion may be regarded as having, so to speak, a potential energy so that it will react as a unit and in a specific way whenever a part of this unit is stimulated.

This concept of organ neuroses stresses three facts: (1) the specificity of the personality organization, (2) the specificity of the organic symptom complex, and (3) the interaction between these two factors.

The objection may be raised that every neurosis presents organic symptoms at certain times. Moreover, during psycho-analytic treatment a patient very often produces organic symptoms when repressed material comes into consciousness. The difference between these somatic manifestations and the symptoms in organ neuroses is that the former are transient and used, so to speak, *ad hoc*. It is also true that in every conflict bodily functions may be used for the solution of a conflict when reality is undesirable. The conflict is then acted out on another reality, the body, whose functions become the battlefield on which the conflicts are solved.

Bodily processes are subject to inner regulations which are variable only within certain limits. These limitations and rules act like compulsions within the body which may create the same reactions as they would if they came from the outside and will therefore evoke different responses in different individuals. It depends then in which way the individual usually reacts to compulsions. If he reacts with rebellion, how can that be expressed unconsciously in the body?

Breathing is generally regarded as being regulated by the oxygen requirements of the respiratory centre and the respiratory movements are considered to be regulated accordingly; that is, under normal circumstances, respiration will follow these rules. In certain emotional conditions the involuntary movements of the breathing musculature involved in respiration may be perceived as a compulsion. What has happened? The involuntarily regulated process has become modified by means of the respiratory musculature which interferes with the

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<sup>3</sup> F. Deutsch, 'The Production of Somatic Disease by Emotional Disturbances', *Proceedings of the Association for Nervous and Mental Diseases*.



automatic regulation ; this interference is not conscious. The type of respiratory movement which results represents a compromise between the compulsive trends of the organism and the response of the unconscious tendencies. Study of the various neuroses and psychoses<sup>4</sup> reveals that submissive tendencies may be expressed in shallow breathing movements which are often interrupted by pauses of longer or shorter duration. Rebellious tendencies may sometimes be observed in very high breathing movements or in high movements regularly alternating with pauses which express the obsessional character of the personality. Flight from these rules may be expressed in an increase in the height of breathing movements or in a very rapid rate of respiration. These various modifications of involuntarily regulated processes by the voluntarily innervated musculature are the reflections of an inner conflict which modifies and perhaps stabilizes a function of the organism in accordance with the inner needs of the personality. If they do not progress beyond a certain point, these modifications may entirely escape notice. In an indirect way these emotional tendencies may influence processes which otherwise could not be reached by means of the voluntarily innervated parts of the body.

An observation of an unmistakable change in the circulation may serve as an example. A patient complained of stiffness of the hand with inhibition of movement. He was examined capillariscopically. The blood stream in the capillaries shewed no abnormalities, but when the patient's hand was touched in order to count the pulse rate, there was a complete standstill of the blood stream in the capillaries, although the patient shewed no visible emotional response. This reaction was observed in this patient several times. The patient was not aware of the change in his circulation, although this functional deviation was the result of a defence, probably expressed in contractions of the smaller muscles of the hand. Psychiatric examination revealed that the stiffness of the muscles, in addition to other determinants, represented a repression of aggressive tendencies in this obsessional neurotic patient. The hand itself was used for masturbatory practices. These circulatory changes, moreover, did not appear in the other hand.

These examples are cited to emphasize the fact that there should be no differentiation between those neurotic expressions of functions

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<sup>4</sup> F. Deutsch and M. R. Kaufman, 'Respiratory Movement Patterns in Neuroses and Psychoses'.



which are voluntarily innervated and those which are involuntarily innervated. Alexander <sup>5</sup> stresses the fact that psychosomatic units involving involuntarily innervated parts of the body constitute organ neuroses, while the other parts are in the realm of the conversion symptom. However, we are inclined to believe that the difference between these two types is one of the degree of elasticity or rigidity with which the organic symptoms are bound to the neurosis; this point will be discussed later.

First, however, we shall try to attack the problem of transient somatic expressions and organ neuroses from another angle. We know that methods of remembering differ in different human beings as regards the accompanying organic factors. There are types of individuals in whom the process of remembering is accompanied by bodily manifestations. We are accustomed to differentiate between visual types, that is, individuals who usually have visual pictures as an aid to recollection; auditory types (individuals with auditory sense perceptions); individuals whose recollections have patterns of smell; tactile types and motility types, etc. All are personalities in whom the process of remembering is preceded or accompanied by sensations in one or another sphere of the above mentioned bodily regions. This does not imply that the bodily sensation or sense perception must have played an important part in the emotional events which are remembered, but it does imply that this bodily sensation is an essential part of the process of remembering.

These mechanisms of the self-regulation of bodily functions by means of emotional factors are of great importance. Examples of different types met during analytic procedures may be cited.

The first was a paranoid patient of an auditory type, that is, his curiosity was concentrated on listening both inwardly and outwardly. Before every new phase of the analytic situation he would manifest a hyper-acousis. Noises in the radiator would make him stop talking in order to listen and ascertain whether the noises came from within himself or from the outside. His hyper-acousis always introduced the recollection of repressed material.

Another patient always accompanied the appearance of certain memories during the analysis with visual sensations or with intensified interest in the colours of various objects in the room with which he had been familiar for a long time, but which became the centre of his

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<sup>5</sup> *The Medical Value of Psychoanalysis.*



interest just before he remembered the objects related to these colours. The patient was not aware of the significance of the colours nor of what they symbolized to him when he acted in this way.

Expression in the sphere of motility as the organic correlation to psychical processes during the analytic procedure is much more frequent. A patient expressed certain underlying tendencies during her analysis by three positions. She lay on her right side, on her back or on her left side. Lying on the right she always associated with memories of a heterosexual nature, on the left with homosexual memories, and on her back with masturbatory memories or phantasies of being raped. For the most part she was unaware of the change in her position and of the movements which led to her new posture. Whenever these changes occurred, they preceded material which was consistently related to these different types of memory and were very often substituted for it. Sometimes the patient remained in one position throughout the hour; this she explained by the fact that she could not move because of pain. At other times she could not lie in any of these three positions because of continued dizziness, a symptom for which she had consulted several physicians. This symptom was motivated by the fear of adopting any of these significant postures and was finally removed by lying on the stomach, in which position the suppressed memories related to these symptoms were later revealed. After that any position could be used without any dizziness.

These bodily expressions are used as examples of the extent to which bodily functions can be determined by correlated psychical motivation.

I do not think that the bodily disturbances resulting from psychological motivation first appear when the patient becomes aware of their presence; that is, if a patient complains of aching over the whole body whenever aggressive tendencies are in the foreground, this is not the onset of the symptom formation expressed in that bodily function.

As mentioned before, respiration is included in the sphere of motility. Here we often find invisible expressions of emotions. One patient never used more than two to seven words in succession, alternating with an intervening silence which was always accompanied by a corresponding breathing space. Another patient started the hour with a deep breath, clearing his throat and swallowing the phlegm which was brought up; this obsessional neurotic patient used this behaviour as a sign of his oral attachment to his mother before he



could turn to other subjects in the analytic situation. Whenever aggressive tendencies against his mother were in the foreground, his struggle against his dependence was perceived as a tightening in the chest, as if pressure were being exerted from the outside; on such occasions he felt a precordial pain. The sensation itself was produced by holding the chest wall in spastic tension.

The meaning of the perceptions of smell and taste and their relation to anal phantasies are well known. They often introduce memories which are emerging into consciousness.

These examples should explain the manner in which these organic functions, as expressions of specific emotional factors, are related to the organized functional symptom complexes which form the organ neurosis.

In attempting to bridge over from these symptoms to organ neuroses, we must realize that motility, sensitivity, sense perceptions, etc., have a constant relationship to the subject's instinctual life and total personality. So far as the normal development of his instinctual life is concerned, there exists a specific relationship between his bodily functions or organs and specific elements in his instinctual life. To a great extent psycho-analytic terminology is based on these facts; the words orality, anality, etc., shew the close relationship between certain aspects of instinctual life and certain parts of the body and, consequently, a specificity in the correlation of instinctual and somatic processes. In addition, processes of the organs and of the organism as a whole consist of component functions which must work together in an organized entity, and every function may have a relation to certain emotional factors. For example, if we use the nose as a part of the respiratory tract to shew which rôle its symbolization plays in the emotional life of the patient, we find this represented in the unconscious in the following way: the representations are associated with the form and size of the nose, the sense of smell, the secretions and fluids which are excreted, the opening, the passage from the outside to the inside of the body. The representation of these parts of the organ and its functions in the unconscious may give the stimulus to psychosomatic interaction. Monosymptomatic expression of a neurosis depends on the fact that all these representations must have found a need for expression in that particular part of the body and are necessarily bound to that organ because of an affinity of long standing.

The psychosomatic symptoms become the unconditional expression of the neurosis if the organ reacts to the neurotic conflict so readily



that this expression is achieved sooner than an emotional manifestation. In order for this to be the case, the organ, or one of its functions, must have been involved in the psychosomatic process at a very early time. The rigidity of the symptom depends on the time factor, because the function of the organ must have a significance at a given time which is conducive to its formation. What is characteristic of the psychosomatic unit is the fact that there has been a transient disturbance of an organic nature which coincided with a need for expression on the part of the instinctual drives. Nevertheless, even if this did happen in early childhood, it would still not suffice for the development of an organ neurosis or for the choice of the organ in later life as an expression of the neurosis.

For this reason another factor must be at work which presses like a *vis a tergo* in the same direction as the tendency for the stabilization of this unit. This factor is the type of neurosis of the environment, which makes use of the organ neurosis of the individual in question. If, for instance, the stabilization of the organic function and its representation in the unconscious are related to aggressive tendencies which are worked out in organic functions, the pressure of the neurosis of the environment on the symptom complex of the patient must be of such a nature that it increases the aggressive tendencies. If, then, the three factors coincide, the extrinsic organic factor, the personality organization at the time and the action of the neurosis of the environment, the direction in which the choice of organ tends is definitely laid down.

The further destiny of the symptom formation depends on whether these three factors progress together and support one another in the stabilization of the psychosomatic response to the neurotic tendencies. If they do, the development of supplementary neurotic elements in the personality organization will proceed to create a neurosis centring around an organic disorder; this need not necessarily exhibit manifest signs. The fact that the dysfunction may shew a period of latency or a rudimentary manifestation is often misleading.

The ultimate step is attained if, in the critical period of the development of instinctual life, the symptom is imbedded in the personality organization in such a way that escape from the organ neurosis is not possible. In certain circumstances, however, there may be no further expression of the organ neurosis. Some accidental occurrence, such as the death of a parent, may loosen the bonds within the psychosomatic entity, although the neurosis has found the necessary sub-



sidaries for its development until puberty. Nevertheless, just such an accident may sometimes have the opposite effect. For instance, if the aggressive tendencies against a neurotic mother are diverted because of compensating behaviour on the part of the father, the loss of the father may lead to a further entrenchment of the organ neurosis.

To exemplify a fully organized organ neurosis, I can turn to asthma, where it can be shewn definitely that the interaction between the three specific factors mentioned above persisted throughout the patient's life. In early childhood a patient has a prolonged affection of the respiratory tract which coincides with oral tendencies. The resultant reaction consists of a development of an oral dependence, with the usual counter-tendencies in his mother who reinforces his dependence more and more and suppresses his aggressive tendencies. The repetition compulsion of the symptom complex, that is, the early affection of the respiratory tract and its use for the expression of conflicting tendencies throughout childhood, then creates a personality of a specific structure. This structure is so typical that, to a great extent, we are able to reconstruct the whole family constellation in a case of asthma.

The prognostic value of such an approach lies in the fact that we can predict the future of the illness in a case of asthma, if, in addition to the other factors, the family constellation fits into the picture. We can then to a certain extent protect the individual in whom we find this structure. The problem no longer is whether asthma has psychogenic factors in its ætiology or to what extent they are present; the essential problem is how the psychosomatic factors are at work.

The question arises whether the development of a specific neurosis in an organic function in later life can be predicted, if not excluded, if the personality structure, the detailed organic events and the environmental neurotic conditions are known. In the case of asthma, this question may be answered in the affirmative if all of the essential factors are present and in the negative if one of the significant factors which is an essential part of the nosology of this illness is lacking.

Another example will shew the rôle of the choice of organ in an organ neurosis in the future life of an individual. In her early childhood a patient had a harmless cystitis. Her mother, an obsessional neurotic with obsessional cleansing tendencies and obsessional reticence, carried through the training process. The child's difficulties in this



direction were overcome by the strict and insurmountable principles of her mother and by the punishment inflicted by a rather lenient father at the insistence of the mother. The girl manifested an enuresis which persisted until the age of thirteen. Sexual experiences, consisting in the usual masturbatory practices and sexual seductions by an older man over a period of two years, from the age of six to eight, created a stubborn, reticent personality. An inclination to twilight states and mendacity in her period of latency was combined with aggressiveness and obstinacy. After an attempted rape, from which she barely escaped, the patient indulged in overt homosexual relations until the age of twenty. Subsequently she had a relationship, in which she remained frigid, with a younger, passive, ineffectual man, whom she had to marry because of her pregnant condition. During her married life, whenever she had a disagreement with her mother-in-law, she used to be overwhelmed with rage, become completely mute and react with a bladder disturbance. At the age of thirty-nine she had a hysterectomy owing to myomata. For one year following this operation she suffered from a persistent retention of urine, after which time she presented herself for analytical treatment.

Analysis was difficult because of the patient's stubborn reticence. The material which was brought out in connection with her symptom shewed all the old patterns of guilt reaction because of masturbation and pregnancy phantasies focussed in the bladder. The material connected with her rebellion against punishment precipitated painful sensations in the bladder, with urgent need for catheterization because of her supposed inability to urinate. Clinical examinations were all negative. Her querulous demands for this procedure resembled the behaviour of female asthmatics when they insist on adrenalin injections. The catheterization served the homosexual needs of the patient, which were expressed in this symptom. The patient could not be cured, although there was a temporary relief from the symptoms.

The choice of the organ in this patient's neurosis again brings up the problem of the predictability of the psychosomatic symptom formation and its revival under certain conditions. This problem is of great heuristic value, since precautionary measures could be taken if it could be predicted that, because of a certain personality organization, a patient will tend to react later on with this symptom under certain conditions.

A last example which involves the problem of choice of organ will be mentioned briefly. This is the psychosomatic entity called *anorexia*



*nervosa*.<sup>6</sup> In two female cases of this psychosomatic disorder, the symptoms of which are anorexia, constipation and amenorrhœa, the basic points of every organ neurosis can be seen clearly, i.e. the specificity of the personality organization, the specificity of the complementary neurosis of the environment and the interaction between these two factors and the function of the organ involved. The personality structure of these patients follows the lines recognized as obsessional. The intake of food became a problem in very early childhood because of a gastro-intestinal disturbance; the mother became greatly concerned about this disturbance and assumed all the blame for it. Because of the obsessional neurosis of the mother, whose symptoms were centred around the eating problem, this led to a continual pressure in the direction of the stabilization of phantasies around the gastro-intestinal tract. Since these phantasies were rejected and repressed, the conflict continually found its expression in functional disorders of this zone, beginning at the mouth, down to the excretory organs. Under the strict educational measures of the mother, the resistance of these patients collapsed and they became submissive and passive in their personality, whereas their resistance and aggressions found their inevitable outlet in the rejection of the food. Since the food intake symbolized the tabooed phantasies, the food problem became the nucleus of the neurosis. In the family constellation all the members successively became involved in the food problem. They tried to act out their neurotic responses on one another and were sensitized to this stimulation.

In the critical period of their development—puberty—the cases which we observed made every effort to escape the encirclement of their own neurotic patterns and those of the environment, but failed, since the way out of these conflicts became blocked because of the frustration of the physiological expressions of puberty. Menstruation was not only delayed, but was finally expressed in an amenorrhœa, a symptom which developed in accordance with the personality organization at the time. These psychosomatic experiences threw the patient back into the pathways of the old phantasies which found their expression in the gastro-intestinal tract. All their subsequent relationships after puberty then found expression either in over-eating or in rejection of food.

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<sup>6</sup> Waller, Kaufman and Deutsch, 'Anorexia Nervosa, a Psychosomatic Entity'.



The choice of organ in this organ neurosis is determined by the same factors mentioned above and differs only in the localization of the resolution of the conflict. The involvement of the secretory dysfunction expressed in amenorrhoea is a problem in itself. Since it was antedated by the formation of a psychosomatic unit, the question arises whether these patterns impaired the manifestations of puberty and at what time this impairment was first manifested. This problem, however, is beyond the scope of the present paper.

In summarizing the above remarks we can say that the choice of organ in organ neuroses is determined (1) by the specificity of the personality organization, (2) the specificity of the organic symptom complex, and (3) the interaction between these two factors. The fourth point is the specificity of the neurosis in the environment, which gives a further impulse in the direction of the choice of organ.

The task of future investigations, as suggested by this point of view, is (1) the study of the earliest roots of the interaction of physiological functions and instinctual life, and (2) the study of the action of certain neurotic factors of the environment in their influence on the choice of organ in organ neuroses.



## THE COUNTER-PHOBIC ATTITUDE

BY

OTTO FENICHEL

LOS ANGELES

Ernest Jones pointed out in his study on 'The Phallic Phase'<sup>1</sup> that not all the manifestations characteristic of that phase of libidinal development are directly parallel to the effects of the erotogenic sensations which emanate from the penis or from the clitoris and which finally establish the primacy of those organs. He shewed that in part these manifestations are on the contrary determined by the very fact that the subject has to deal with fears which arose when he yielded to those sensations. Accordingly, Jones distinguishes a 'proto-phallic' phase, in which the primacy of the phallus entirely dominates the picture, from a 'deutero-phallic' phase, in which the task of dealing with these fears complicates the picture. In fact, considering the abundance of actual manifestations, it is not easy to recognize which are determined primarily and biologically, and which arise only when fear has to be dealt with. Sometimes it has seemed as if writers who have attempted to investigate the interrelationships psychologically have underestimated the primary biological component. I have already expressly pointed out the danger of such an underestimation.<sup>2</sup> I have since learned, however, to what an extent efforts towards defence against fear, and even the pleasure derived from successful efforts, actually complicate the picture of primary erotogenic pleasure.

In the present paper I should like to devote my attention to a definite type of these fear-defences, which is usually referred to under the inexact name of 'overcompensation against fear', but which could much more precisely be called the 'counter-phobic attitude'. Its manifestation is by no means confined to the phallic phase.

The phobic attitude consists of avoiding certain situations or certain parts of situations, such as objects, perceptions, feelings or sensations, because they would be connected with anxiety. This anxiety is the symptom of an existing instinctual conflict. The situation feared usually represents a temptation towards an instinct whose activity is unconsciously regarded as dangerous. At times the

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<sup>1</sup> This JOURNAL, Vol. XIV, 1933.

<sup>2</sup> 'Ueber Angstabwehr, insbesondere durch Libidinisierung', *Internationale Zeitschrift für Psychoanalyse*, Bd. XX, 1934.



situation feared corresponds merely to a supposed confirmation of an unconscious expectation of punishment. Or the situation may represent temptation and threat of punishment simultaneously. We know that this anxiety is initiated in a judgement on the part of the ego 'Danger ahead!'—a judgement whose purpose it is to introduce defensive attitudes.<sup>3</sup> What is of most importance to us at the moment, however, is that this purpose should have failed and an attack of anxiety have occurred. The signal given by the ego 'A traumatic situation may arise' has in itself produced a traumatic situation, probably owing to an already existent damming-up of instincts. In the 'phobic attitudes' the ego has learned to avoid the repetition of such very painful traumatic situations.

This all seems perfectly clear. But it becomes less so when we observe that such anxiety situations are not avoided but are sought after, at least under certain conditions. It often happens that a person shews a preference for the very situations of which he is apparently afraid. And even more frequently he will later on develop a preference for the situations which he formerly feared.

The first explanation of this lies in the nature of the phobic anxieties already mentioned. It is not the total personality that fears the phobic situation. That situation represents an unconscious instinctual impulse. Originally, there was an active striving for it. Only the veto of the external world or the super-ego produced the anxiety. The original striving may reappear.

We must now investigate under what conditions this reappearance may take place. It presupposes that the opposing anxiety has been overcome, so that we have here to deal with the problem of defences against anxiety. On the other hand, in the very cases in which situations once feared are especially sought after, the anxiety seems not to be completely overcome. Otherwise the situation would have lost its whole importance. The libido which had been displaced from a certain instinctual situation on to its phobic substitute would have flowed back to its original instinctual aims. But the preference displays the character of an overcompensation and shows that unconsciously the anxiety is still alive. We must ask what this means, and under what conditions the paradoxical state of affairs becomes possible, in which a still present anxiety is warded off more effectively by *seeking* situations in which it usually appears than by *avoiding* them.

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<sup>3</sup> Freud, *Inhibitions, Symptoms and Anxiety*.



With this in mind let us consider the normal ways of overcoming anxiety,—that is, of bringing about, not a mere external 'defence' behind which the latent anxiety still operates, but a real conquest, such as occurs thousands of times in the course of normal development.

A child, as we know, at first wishes to discharge as quickly as possible the excitations which flow in upon him from without as well as from within. He is incapable of controlling his motility himself. As the environment cannot always immediately take steps to satisfy him, the child frequently reaches a dammed-up condition. This state, or rather, an undesired vegetative discharge caused by it, is then experienced as the prototype of anxiety. As the child slowly learns to control his motility, purposeful acts gradually take the place of mere discharge reactions, which means that he can prolong the time between stimulus and reaction, and achieve a certain tolerance of tensions, a binding of the immediate reactive impulses by means of anti-cathexes. What is prerequisite for a purposeful act is not only the control of the physical apparatus, but also the establishment of the function of judgement, that is, of the capacity for anticipating the future in the imagination, the capacity for 'trying out', which is characteristic of the functions of the ego in general. With the establishment of this function of anticipating the future in the imagination and of planning later actions accordingly, the idea of 'danger' is justified. The judging ego declares that a situation which is not yet traumatic might become so. This judgement obviously sets up in the id the same conditions as the traumatic situation itself, but in a lesser degree. This, too, the ego must experience as anxiety.<sup>4</sup>

Freud has shown us that in small children a phenomenon can be observed which we also find in traumatic neurotics. If the organism is flooded with quantities of excitation it attempts to get rid of it by later repetitions of the situation which induced the excessive excitation. This takes place not only in the play of little children, but, as Grotjahn has recently pointed out, in their dreams as well.<sup>5</sup> Between the original flood of excitation and these repetitions there is one fundamental difference. In the original experience the organism itself was

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<sup>4</sup> For this and what follows cf. Freud, *Beyond the Pleasure Principle and Inhibitions, Symptoms and Anxiety*, and Fenichel, 'Frühe Entwicklungsstadien des Ichs', *Imago*, Bd. XXIII, 1937.

<sup>5</sup> 'Dream Observations in a Two-Year-Five-Months-Old Baby', *Psychoanalytic Quarterly*, Vol. VII, 1938.



passive—it was flooded with stimuli from without or from within the body. In the case of the repetitions, the organism is active and can, at least to a certain degree, determine the admissible measure of excitation. At first, the passive experiences which roused anxiety are reproduced actively by the child in his play in order to achieve a belated mastery. Later on, the activity of the ego becomes even greater: the child in his play not only dramatizes the exciting experiences of the past, he also anticipates what he expects to happen in the future. It is precisely this anticipation which the function of judgement determines, and eventually directs to purposeful 'action' and also to the suppression of action in case of 'danger'.

When the organism discovers that it is now able to overcome without fear a situation which would formerly have overwhelmed it with anxiety, it experiences a certain kind of pleasure. This pleasure has the character of 'I need not feel anxiety any more'. It makes the child's play evolve from immediate discharge to mastery of the external world by means of repeated exercise. Probably what German psychologists have called 'functional pleasure' is nothing other than this pleasure—that is, pleasure in the fact that the exercise of the function is now possible without anxiety.<sup>6</sup> This pleasure is the basic component of the counter-phobic attitude.

What does this functional pleasure mean economically? If it were merely that the ego, engaging in activity without fear, has become able to avoid a damming-up which would previously have appeared in a similar situation, that would explain the non-appearance of a specific unpleasure, but not the positive appearance of pleasure.

But a certain expenditure of energy is associated with the anxiety or the fearful expectation felt by a person uncertain whether he will be able to master the excitation connected with the experience. It is the sudden cessation of this expenditure of energy which is experienced by the successful ego as a sort of 'triumph' and enjoyed as functional pleasure. Usually the pleasure originating from this source will be condensed with an erotogenic pleasure, which again has become possible owing to the overcoming of the anxiety.

If, however, functional pleasure is based upon the fact that an ever-ready anxiety proves to be superfluous, then the anxiety must disappear as soon as the ego is absolutely sure of itself and no longer

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<sup>6</sup> This idea was put forward by Kris, 'Ego Development and the Comic', this JOURNAL, Vol. XIX, 1938.



holds an anxious expectation in readiness. And this proves correct in innumerable cases. In general, adults do not enjoy any special functional pleasure when they engage in long familiar and automatic activities, which made them very proud when first accomplished in their childhood. If an adult has this special kind of pleasure, it can be for only two possible reasons or rather for a combination of these reasons. Either his pleasure is actually of a different kind and merely disguises itself as functional pleasure, or the person in question is by no means really convinced of his ability and, before he engages in any such activity, actually passes through a sort of anxious tension of expectation, though he may not consciously recognize it as such.

Let us consider the first possibility. We have said that the functional pleasure of children is usually condensed with erotogenic forms of pleasure. Fixations to this combination may occur, in the sense that certain erotogenic forms of pleasure later retain the external form of functional pleasure or assume it again. It is not merely that in certain circumstances a pleasure experienced during an apparent sexual act may prove to be functional pleasure. The reverse is also true. Among the sexual component instincts, exhibitionism is particularly suited to such a use. Actually, the exhibitionist, though interested in objects, remains narcissistic to a remarkable degree. We see that for perverse exhibitionists as well as for other people engaged in actual or phantasied performances before an audience, the person of the object is relatively unimportant and that he is merely used as a sort of 'witness' in endopsychic conflicts. The idea of the subject that the object is excited is intended to help the former to get away from his castration fear. Similarly a functional pleasure may also be condensed with other instinctual pleasures.

The second possibility is of more importance. If the primary anxiety has not been entirely overcome, and the inhibition is still effective in the unconscious, then the adult who must in every instance conquer his anxiety anew is like a child succeeding for the first time.

And in this respect the 'counter-phobic attitude' may really be regarded as a never-ending attempt at the belated conquest of an unmastered infantile anxiety. It is easy to say what determines whether or not the infantile anxiety will be overcome. It cannot, as we know, be overcome if the activity against which it is directed has a hidden sexual significance. The defensive processes undertaken have cut off the defending anxieties, as well as what is being ward off, from any contact with the rest of the personality. More difficult is



the decisive question, the consideration of which we shall postpone for the moment, of what determines the fact that even in the case of failure certain derivative anxieties may be overcome in the counter-phobic attitudes—a conquest which is experienced pleasurably even though the primary anxiety remains alive.

If both conditions are effective simultaneously, the instinctual pleasure felt in conquering an acute anxiety (which is still alive in the unconscious) is never identical with the pleasure which the unblocked primary instinct could give. This difference is of paramount practical importance.

The best example of this is the pride in potency of some obsessional neurotics. Under certain conditions that allay his fear, such a patient is able to carry out the sexual act and enjoys a narcissistic functional pleasure in it. Naturally, he also feels a certain sexual pleasure, but not the complete relaxation of a full orgasm. Here one might refer to the wide field of pseudo-sexuality in general, where acts of an apparent sexual character serve the purpose of satisfying narcissistic needs and in this way of defence against anxiety. The sexual pleasure is then interfered with, since other needs have become intermingled with it.<sup>7</sup>

Only in especially favourable circumstances is it possible for counter-phobic attitudes to result eventually in the dissipation of the original anxiety.<sup>8</sup> But unquestionably that is what the counter-phobic individual really strives for. He seeks out what was once feared in the same way as a traumatic neurotic dreams of his trauma, or as a child experiences pleasurably in play what he is afraid of in reality. What pleasure, for example, does a child feel when an adult tosses him in the air and catches him? Undoubtedly on the one hand erotogenic equilibrium- (and skin-) pleasure, and on the other hand the overcoming of a fear of falling. If he is certain that he will not be dropped, he can take pleasure in having thought that he might have been dropped—he may shudder a little, but realizes that his fear was unnecessary. To make this pleasure possible, certain conditions must be fulfilled. The child must have confidence in the adult who is

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<sup>7</sup> It would be entirely wrong to state that these other needs are the 'unconscious meaning' of the sexual act.

<sup>8</sup> Just as it is only in especially favourable circumstances that a phobia results in the dissipation of the anxiety. Cf. Freud, 'Repression', *Collected Papers*, Vol. IV.



playing with him, the height must not be too great, etc. Here obviously a real learning through exercise may occur. When repeated experience has shewn that the fear is groundless, the conditions under which enjoyment is possible become wider and wider, and finally the fear disappears entirely. The counter-phobic individual remembers this process and tries to repeat it. We know why his attempt usually fails.

When, however, we see that many people with counter-phobic attitudes nevertheless consciously feel a good deal of pleasure in spite of this failure and can avoid becoming aware of the anxiety still operative in them, we must admit that they are relatively well off. And we can thus turn now to our principal question: what makes such a relatively fortunate outcome possible?

(1) We already know what the first condition is: the transformation of passivity into activity.<sup>9</sup> The child fears that undue quantities of excitation may break in upon him unexpectedly from the outside. He creates actively in play a tension within himself in a degree and at a moment which are bearable for him. Gradually he learns to increase the degree of tension. (It would be interesting to enquire how far masturbation in children is sexual *play* in this sense, that is, to what extent the ego learns through self-established sexual tension how to deal with sexual excitation.) We frequently see that in adults, too, the search for situations which were formerly feared becomes pleasurable precisely because they are actively sought. If, however, the same situation arises at an unexpected time and without activity on the part of the subject, the old fear reappears. A phenomenon which has already been studied in detail in analytical literature belongs to this category: the so-called 'identification with the aggressor'.<sup>10</sup>

(2) The overcoming of anxiety is not always so 'progressive'. Children overcome their anxiety not only by playing actively at what has threatened them, but also by letting a loved person, whom they trust, do to them what they fear to do themselves. Or they try to convince themselves that such a person's omnipotence will protect them in their activity. To this type belongs a very common counter-phobic pre-condition: that pleasure may be enjoyed so long as one

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<sup>9</sup> This condition was mentioned by Freud in *Beyond the Pleasure Principle*, was discussed by him later on several occasions, and finally at considerable length in 'Female Sexuality', this JOURNAL, Vol. XIII, 1932.

<sup>10</sup> Anna Freud, *The Ego and the Mechanisms of Defence*, Chap. IX.



believes in some magical fashion in the protection of an outsider. There are hundreds of varieties of this mechanism which requires one to secure a protective or permissive promise, actual or magical, before engaging in an activity which would otherwise be feared. It is of importance to notice that a passive-receptive condition of this kind may frequently be later bound up with a transformation of passivity into activity: the counter-phobic individual can engage pleasurably in the activity which he originally feared, if during the procedure he demonstrates to an object with which he is unconsciously identified that he is protecting or pardoning it.

(3) If the originally infantile sexual excitation was feared because of its sadistic component, then the mechanism which we have just described is simultaneously operative in still another way. The promise of protection which the subject seeks to enjoy, or, in the case of identification, to give, is well calculated to contradict the unconscious belief in the violent nature of the intended act: 'If the object concerned *itself* allows me to do this, then this act cannot injure it.' So, too, in many other cases, certain accompanying circumstances are necessary, which seem to contradict one or another of the factors which originally aroused anxiety. There is a similar position in the perversions, where sexual pleasure is made possible in the face of a severe fear of castration by overemphasizing a component instinct whose activity apparently contradicts the possibility of castration.

Thus I once found in an analysis that an interest in literature was based upon a phobia of picture-books. The scopophilia, associated with the functional pleasure 'I am no longer afraid of books', had become possible owing to the narcissistic striving 'to know all books'. In this way the subject was protected from surprises which involved a sudden danger of castration. I had an opportunity of observing a similar mechanism at work in a clear-cut interest in railways, which went back to a forgotten infantile fear of railways. Here also the primal scene that had been displaced on to the excitements of travelling by rail was experienced above all as the 'overwhelming unknown'. Through the heightened interest and the knowledge of railway travelling acquired as a result of it, this fear was eliminated, and the previously feared sexual enjoyment of the rhythm of the railway again became possible. Moreover, this was also connected with the mechanism 'active instead of passive'. For between the passive experience of the feared railway journeys and the later predilection for railways a long period of actively 'playing at railways' took place.



During the analysis its unconscious significance was recognized in the fact that the rhythm of the railway game was actively performed in contrast to the rhythm of the feared sexual excitation.

Here we may interpose that much of what, in libidinal development, we are accustomed to call 'fixations' not only goes back to special experiences of satisfaction or frustration, but is built in a fashion analogous to the perversions. The attitudes to which the subject has become fixated often simultaneously contradicted an opposing anxiety. Now it is true that he is not fixated to the attitudes which were at one time feared, but to those which contradicted that anxiety. But there are also cases which are analogous to many compulsive symptoms—in which the patient feels compelled to repeat the same action a certain number of times. In analysis it comes to light that, whereas the conscious compulsive command runs 'You must carry out exactly the same action once again', the unconscious significance is that the repetition is to differ in one fundamental point from the first execution: it is to be executed with a different mental attitude (e.g. without disturbing instinctual thoughts, or, accentuating the super-ego instead of the instinct). Similarly there are fixations which consist of doing exactly what had been originally feared, and so contradicting the anxiety.

(4) And with this we come to the cases in which we may speak of a true 'libidization of fear', which occurs with people who have gone through a certain masochistic development.

A mechanism destined for instinctual defence may also be secondarily libidized outside the realm of fear. It may happen owing to the return of the repressed or by the use of a defensive attitude for attaining a pleasurable secondary gain. Fear, like any other excitation, may be a source of sexual excitation. But this is true—just as in the case of pain—only so long as the unpleasure remains within certain limits, for example, in feeling sympathy for the hero of a tragedy. This is—just as in the case of masochism—a procedure of secondary adjustment.<sup>11</sup>

(5) All of these mechanisms are usually connected with another factor. Search for the anxiety situation has the character of a 'flight to reality'. This means that the reality of the situation with

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<sup>11</sup> Fenichel, 'Ueber Angstabwehr, insbesondere durch Libidinisierung', *Internationale Zeitschrift für Psychoanalyse*, Bd. XX, 1934.



which imaginary expectations of punishment were connected is sought, presumably to convince the subject that this connection was purely imaginary and that actually only the situation itself occurs.

The experience that imaginary ideas connected with a certain situation actually do not prove true, is precisely the basis of most counter-phobic attitudes. The situation must be sought again and again, because although, owing to this experience, reassurance is obtained that on this occasion the imaginary expectations are not realized, it is not a final proof that they never will be realized.

Recently, in connection with research into the theme of the 'misapprehended oracle',<sup>12</sup> I investigated certain phenomena of depersonalization, which were felt pleurably during the experience that something perceived was 'really true'. Their significance is: 'that real occurrence over there *is* true, but what I had imagined must happen when this occurrence comes to pass, and what my fear was directed towards, is *not* true.' As the fear still exists in the unconscious, the persons in question often try to keep alive the recollection that on this one occasion nothing did happen. This is one of the motives for collecting 'trophies' as a proof of having taken a risk.

In counter-phobias, just as in anti-cathexis of the reaction-formation type in general, leakages occur. Behind such attempts at repression or denial of anxiety, the over-tense nature of the attitude, general fatigue, symptomatic acts or dreams may betray the fact that the anxiety is still operative. Sometimes a leakage of this kind may be avoided at the last minute by setting in motion an emergency mechanism of defence. We may see, for example, combinations of counter-phobic and phobic attitudes: to a certain degree and in favourable circumstances counter-phobia, at a higher degree and in other circumstances phobia. The very thing which is preferred if the conditions are fulfilled is avoided if the conditions are altered. An emergency mechanism of this sort does not always succeed. When the conditions or the degree are changed, one often sees a sudden reversal of pleasure into anxiety. Kris has described this phenomenon in certain forms of unsuccessful humour, and has mentioned the 'double-edged character' of comic phenomena, the ease with which

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<sup>12</sup> Fenichel, 'The Misapprehended Oracle'.



they pass from pleasurable success to unpleasurable failure.<sup>13</sup> The same thing holds true for our phenomenon. In the midst of the 'triumph' which the counter-phobic individual can enjoy because of his saving in emotional expenditure, unpleasure may break out if something occurs which seems to confirm the old anxiety.

An example of a failure of this kind may be seen in cases in which the fear of entering a fight is overcompensated by a counter-phobic tendency to struggle and to compete with everyone on every occasion. For such people the meaning of 'I am not afraid, for I can already do that' is 'I can do it better than anyone else'; which means unconsciously a wish to castrate the others. In certain qualitative or quantitative circumstances this pleasure may suddenly fail and, in place of the intended castration, an unwanted and terrifying identification with the victim appears.

The anti-cathexis is much more apparent in the counter-phobias than in the phobias. Whereas in phobias it arranges for the avoidance of the situation in question, here it operates in the form of a special interest, which in the search for these situations tries to convince the subject that no anxiety is necessary.

The mechanisms which I have described have been observed in character-analyses. Reflection teaches us, however, that no deep-seated character-analysis is necessary for the observation of this phenomenon, but that similar things can be seen in everyday life as well. The most outstanding example is probably the entire field of sport, which may in general be designated as a counter-phobic phenomenon. No doubt there are erotic and aggressive gratifications in sport, just as they are present in all the other functional pleasures of adults. Certainly not everyone who engages in sport is suffering from an unconscious insoluble fear of castration; nor does it follow that the particular sport for which he shows a later preference must once have been feared. But it will generally hold true that the essential joy in sport is that one actively brings about in play certain tensions which were formerly feared, so that one may enjoy the fact that now one can overcome them without fearing them. I should like to go further and suggest that the people for whom sport or at least certain kinds of sport (as for example mountaineering) are not a mere occasional relaxation but a matter of significance in their lives, are true counter-

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<sup>13</sup> Kris, 'The Psychology of Caricature', this JOURNAL, Vol. XVII, 1936.



phobic subjects. It would be interesting to investigate the careers of famous athletes with reference to occasional sudden attacks of anxiety while they were taking part in sport.<sup>14</sup>

Another easily accessible class of objects that belong here are certain works of art, in which the artist, in a constant endeavour to shake off anxiety, seeks and describes what he fears, in order to achieve a belated mastery. And, of course, there are similar phenomena in the realm of science. Here again some investigators keep trying to get close to an object on to which they have projected their anxiety, so that they may feel they have it under control and do not need to fear it. And finally one may assert generally that all abilities in which people take special pride fall within the same category.

And now a few words in regard to analytic practice. Counter-phobic attitudes which are frozen into character-attitudes are often residues of once powerful instinctual conflicts. They must be resolved in analysis. This is accomplished by the same means that are used in thawing out rigid attitudes in general. The attitudes have first to be revealed to the patient and then made to appear problematic, the complex nature of the pleasure attached to them must be detailed, and their tendentious character shown by a demonstration of the resistances which oppose their resolution. The principle that analysis must break down a neurotic condition of stability in order later to erect a truly stable equilibrium holds true equally for counter-phobic attitudes. In the course of the analytic treatment anxiety must be experienced again, not only where compulsion or lack of feeling is present, but also where there is a tense one-sided pride in certain activities or attitudes. There is no reason to expect that special abilities attained as a result of counter-phobic overcompensations will be lost owing to the analysis of the underlying anxiety conflict. These abilities will merely lose their cramped character and will gain in sureness. An analysis conducted in an economically correct manner will carry out the necessary process as painlessly as possible for the patient.

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<sup>14</sup> Helene Deutsch came to the same conclusion years ago in her paper 'Beitrag zur Psychologie des Sportes', *Internationale Zeitschrift für Psychoanalyse*, Bd. XI, 1925.



## THE EXAMINATION AS INITIATION RITE AND ANXIETY SITUATION

BY  
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LONDON

In both primitive and civilized communities, society tends to institutionalize certain of the major affect-arousing situations, and, by linking them to suitable occasions, utilize them for ends of real or supposed social value. In our own culture and in certain others, competition between equals is canalized in sport and in the economic field. Nationalism, as Ernest Jones was the first to show,<sup>1</sup> provides an outlet for emotions originally aroused in connection with the earliest object relationships, as well as with displaced narcissistic tendencies. It mobilizes and discharges the ambivalent feelings of the younger generation towards their parents. A similar ambivalence, but one that reflects chiefly the attitude of the older generation towards the younger, is seen in initiation ceremonies. These ceremonies, as Th. Reik has shown,<sup>2</sup> predominantly express envy and jealousy (mixed with love) in the elders, and fear (mixed with reverence and gratitude) in the initiates. Although initiation ceremonies of one kind or another exist at all levels of culture, in our own civilization they are found in one peculiar socialized and rationalized form in which they play a considerable part in our whole cultural organization, i.e. as examinations. For there is no doubt that sociologically the examination must be regarded as an initiation rite.

Now it happens that scientific interest in examinations has considerably increased in recent years. Following upon a realization of certain disturbing factors in examinations which may considerably detract from their value as measures of knowledge or capacity, there have been made lately a number of important investigations which have thrown much light upon the nature and extent of these factors and the methods by which we may hope to minimize their influence.

These researches on objective lines, valuable though they are both

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<sup>1</sup> 'War and Individual Psychology' (1915), *Essays in Applied Psycho-Analysis*.

<sup>2</sup> 'The Puberty Rites of Savages' (1915), in *Ritual*.



for theory and practice, by no means exhaust the interest that examinations hold for the psychologist; and they scarcely touch the special field of the psycho-analyst, who, in conformity with his general attitude and method of approach, is particularly concerned with the *motives* involved—both in the institution as a whole and in the individuals affected by it. Here also, however, there has been considerable progress and psycho-analysts have, in their own sphere, made contributions which compare not unfavourably with those of their fellow psychologists who have occupied themselves with the more easily measurable aspects of examinations. Approaching from the side of psycho-therapy, their interest was naturally first aroused in connection with the examination as an anxiety situation; and it is in particular this intimate connection of the examination with anxiety which, it is hoped, will justify a reference to the subject in this number of the JOURNAL produced in honour of Ernest Jones, who has himself made such signal contributions to the study of anxiety in its various forms. There is, I fear, little that is new in this paper, but a brief statement of our present knowledge may in any case not be inappropriate at this stage, especially since many of the psycho-analytical contributions have appeared in German, whereas the quantitative studies to which we have referred have been carried out principally in other than German-speaking countries (and indeed largely in England).

The very first contact of psycho-analysis with examinations seems to have been made, not through the waking experience of patients, but through their dreams, for in the second edition of the *Traumdeutung* (1909)<sup>3</sup> Freud refers to the examination dream as an example of the typical dream with constant meaning. Acknowledging a suggestion of Stekel's, he points out that the dream examinations usually refer to those of a kind that the patient has already successfully passed; and he adopts the view that this type of dream is in the nature of an attempt at reassurance, informing the dreamer that, just as in the earlier examination his anxiety was groundless, such also is the case with his anxiety concerning some impending new trial—and the dream often occurs before some real-life test as regards which there is a fear of failure (sometimes, as Stekel again suggests, a test of sexual potency). Freud also interprets the general fear aroused by the examination—that *dies iræ*, he calls it—as a resuscitation of infantile guilt anxiety,

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<sup>3</sup> S. 191 ff.



in which the examiners take over the rôle of the parents who judge and punish the misdemeanours of their children.

In this early reference nothing is stated as to the causes or nature of the guilt aroused, beyond an indication that it may spring from sexual sources. It was not till many years later that Ernst Blum<sup>4</sup> carried us a large step further forward, by showing, chiefly with the help of one striking case, the amazing way in which examination fears may be over-determined, drawing, it would seem, their energy from all the levels of development which psycho-analysis had meanwhile unearthed and exposed to the view of the psychologist.

In this case (that of a female student—apparently of medicine) the patient's difficulties in passing her examinations lay, not only in the examination situation itself, but also in the preparatory study. To acquire the necessary knowledge would be : to learn forbidden things (where children come from—this connected with a trauma at six years old) ; to express her sexual love (to receive the penis)—and, as a sublimation, to become pregnant with thought ; to manifest both love and hate upon the oral plane (to take her mother's breast in love and to consume her mother's genitals in hatred). To pass the examination would be : to express her love to analyst and father ; to give out both orally and anally ; to acquire the penis and be a boy ; to give birth ; and to be born, and thus become independent of her mother. Although the oral elements were particularly strong in this case (giving rise in the course of treatment to marked conversion symptoms—nausea and sensations of constriction in the throat), the analysis shewed that the examination had significance at all levels, from birth phantasies, through the oral and anal stages, with their customary ambivalence, and the genital stage, to the Œdipus complex, and through this in turn to the analytic situation. It is as though the examination could only be understood in the light of the complete scheme of libidinal development as it emerges from psycho-analytic theory. The anti-thesis of incorporation through learning, and elimination through the examination, also fits in well with Franz Alexander's subsequently developed Vector theory ; while in a footnote Blum draws attention to an interesting parallel between the patient's dreams and certain notions connected with the initiation ceremonies of primitive peoples which Reik had already interpreted in terms of the castration complex :

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<sup>4</sup> 'The Psychology of Study and Examinations', this JOURNAL, Vol. VII, 1926.



in both cases a feeling of loss or insufficiency is made good by the idea that new and better organs have been acquired. The words '*Reifezeugnis*' ['evidence of maturity'] and '*Matura*' sufficiently indicate the identification of the examination with a proof of sexual capacity. Failure is therefore equated to sexual impotence or castration (as is, we may add, probably implied by the term 'plucked', the earlier equivalent of the present 'ploughed'). Blum also points out that feared castration in an examination may sometimes be avoided by undergoing a previous symbolic castration, such as removal of the appendix or the extraction of teeth.<sup>5</sup>

The year 1933 saw several further contributions from the psychoanalytical point of view, though they did little more than emphasize or elaborate certain aspects of Blum's very thorough treatment. E. Bergler<sup>6</sup> reported a case of a very talented student who interpreted examinations in the light of unresolved difficulties with his father. To pass examinations would be a proof of manhood, which he renounced. Failure was a pretext for delaying heterosexual development, while at the same time at another level it constituted a means of revenging himself on his father. Bergler also brings out in connection with this case the similarity of the examination situation to that of being brought before a court of justice. In this case the situation appealed strongly to the candidate's 'need for punishment', which was gratified by failure.

In the same year Melitta Schmideberg<sup>7</sup> returned to the subject of dreams and reported the analysis of an examination dream of a boy of sixteen. In the dream the patient was unable to translate a certain

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<sup>5</sup> The present author can parallel this from his own experience, in which a candidate contrived to get run over on his way to the examination and broke his leg in consequence (cf. '*Hals- und Beinbruch*' ['May you break your neck and leg'], the ironical form of good wish proffered to candidates in Germany). Symptoms reported during the London final examinations last summer include swellings of the lips (oral resistances?) and skin eruptions (repressed exhibitionism?) which the candidates themselves unhesitatingly connected with the examinations and which disappeared as soon as these were over.

<sup>6</sup> 'Psychoanalyse eines Falles von Prüfungsangst', *Zentralblatt für Psychotherapie*, Bd. VI, 1933.

<sup>7</sup> 'Ein Prüfungstraum', *Internationale Zeitschrift für Psychoanalyse*, Bd. XIX, 1933.



word which analysis shewed to be strongly associated with oral and anal tendencies. The associations revealed that the patient regarded both examinations and the process of analysis as sadistic attempts to rob him of the contents of his body, attempts which were in the nature of a retribution for corresponding sadistic wishes of his own.

A third contribution in the same year is that of F. Redl,<sup>8</sup> in which the author reminds us that there may be different kinds or levels of anxiety connected with examinations, and for this purpose distinguishes four varieties :

(1) Normal or really justified fear owing to genuine absence of knowledge and insufficient preparation. It would be undesirable to abolish this fear even if we could, since its absence would imply lack of adequate reality appreciation.

(2) Fear of the consequences of failing in an examination. This in turn can be subdivided into fear of incurring the displeasure of parent or teacher or of 'letting them down', and fear of losing something of value for personal development (a scholarship, degree, entry into a profession, etc.). It is clear that from the psycho-analytical point of view fears of this description may be considerably over-determined, those on the reality level often camouflaging, or being based upon, deeper anxieties of unconscious origin.

(3) Fears depending upon some specific feature of the examination, e.g. its form (oral or written), place, subject, personality of examiners, etc.

(4) Logically groundless fears that are attached to the examination situation generally and are unaffected by details.

Redl admits that these four categories of fears are seldom found in isolation. Most cases of examination anxiety are 'mixed', and a complete understanding requires a disentangling of the various elements. Nevertheless Redl's distinctions may be of practical use to the teacher or psychologist in a preliminary orientation of any particular case.<sup>9</sup>

In 1936 Erwin Stengel produced the most important psycho-

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<sup>8</sup> 'Wir Lehrer und die Prüfungsangst', *Zeitschrift für Psychoanalytische Pädagogik*, Bd. VII, 1933.

<sup>9</sup> I regret that I was unable, while preparing the present paper, to consult another contribution of the year 1933, i.e. J. Neumann, *Angst und Krankheit vor dem Examen: Wesen, Ursachen und Behebung*. This is written from the standpoint of Individual Psychology.



analytical treatment of examinations since that of Blum, ten years before.<sup>10</sup>

He is the first to emphasize (as well as merely hint at) the fact that, so far as their deeper motivation is concerned, examinations are just initiation ceremonies; that they imply, like all forms of initiation, the testing—we might truthfully add, the tormenting—of a younger person by an older one. If the assessment of knowledge or capacity were the sole and logical motive, we should, he suggests, insist on re-examination from time to time, in order to assure ourselves (e.g. in the case of the medical practitioner) that knowledge and skill were still adequate and up-to-date. This, however, we neglect to do, and indeed we feel that there is something impertinent in the very suggestion. The attainment of the highest grades in professional life is seldom if ever made dependent on examinations: judges, professors, admirals, bishops, not to speak of cabinet ministers, are elected on the strength of their records and reputations, whereas this is considered insufficient in the case of the lower grades, and above all in the case of those who desire to enter a profession. The father-son relationship must be present for an examination to seem appropriate. Furthermore, in so far as the son, in virtue of an exceptional position, has himself acquired certain father attributes, the severity of the ordeal may be reduced. In both ancient and modern times, universities have often been specially accommodating to the sons of noblemen and princes. Stengel reminds us in this connection of a peculiar form of examination undergone by the King of England, when he enters the City of London. Not only is his way barred by a silken cord, but he has to touch a pearl sword and give it back again to the city fathers, the ceremony constituting a symbolic assurance that he will respect the rights of the city. The sexual symbolism of this 600-year-old ritual is fairly obvious, and should be considered in relation to the tasks, tests, or examinations, which are so frequent in myth and Märchen, and which are imposed upon the hero or heroine by a higher authority, as a prerequisite for the enjoyment of some privilege. Oedipus possesses all the essential features of the successful examinee, and we know what was really the subject-matter of his examination and what was the privilege he gained by passing. In view of the incestuous nature of the ultimate reward, it is not surprising that, as

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<sup>10</sup> 'Prüfungsangst und Prüfungsneurose', *Zeitschrift für Psychoanalytische Pädagogik*, Bd. X, 1936.



Freud and Stekel found, examination fears in dreams are often connected with the fear of sexual impotence.

Stengel, like the earlier writers we have mentioned, considers in detail the various sources of anxiety in the examinee. Among other things, he calls attention to the cunning way in which a candidate, when bent on self-punishment, will lead the examiner to discover his weak spots. But more especially does Stengel point out the important rôle of exhibitionism and its repression.<sup>11</sup> Women, he thinks, are specially liable to suffer from anxieties from this source, though in other respects examinations may be easier for them, inasmuch as the examination situation usually implies a father-daughter relationship, becoming, however, more difficult again in so far as passing an examination signifies to them the adoption of a masculine rôle (with the guilt associated therewith). Stengel also—and this is a new feature—draws attention to the existence and importance of the neurotic examiner. The latter may identify himself with the severe, or with the loving, father, and consequently be over-strict or over-lenient. He may regard the situation as a means of 'getting his own back' on the father; or again he may narcissistically insist that the candidate's views and methods of exposition must be like his own. Finally, he himself may fear the candidate and experience guilt at taking on the father rôle.

By way of supplementation to these psycho-analytical approaches we will refer briefly to one quite recent experimental investigation in which C. H. Brown and D. van Gelder studied the physiological symptoms of 505 candidates at the University of Chicago and Iowa State College.<sup>12</sup> Plenty of symptoms were observed: there was an increase in systolic blood pressure, pulse and respiratory rates, also in the amount of blood sugar, while some candidates showed glycosuria. There was no significant correlation of any of these symptoms with

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<sup>11</sup> This brings examination into relationship with stage fright, as regards which the present writer has pointed out the existence of tendencies similar to those discovered by other investigators to be operative in examinations. See 'Stage Fright and Anal Erotism', *British Journal of Medical Psychology*, Vol. XVI, 1937.

<sup>12</sup> 'Emotional Reactions before Examinations', three papers in *The Journal of Psychology*, Vol. V, 1938. In these papers reference will be found to several other studies dealing with examinations principally from the physiological point of view.



the results of a special questionnaire dealing with introspectively observable symptoms of anxiety before or during the examination.<sup>13</sup>

There was, however, a small significant correlation of  $+ \cdot 28 (\pm \cdot 05)$  between conscious anxiety and the general tendency to neurosis as measured by an adaptation of Thurstone's neurotic inventory ('personality schedule'). As might be expected too, there was a negative correlation between conscious anxiety and actual success in the examination—though a very small one, viz.  $- \cdot 19 (\pm \cdot 05)$  when the influence of intelligence was eliminated by partial correlation. There was no correlation between score in the neurotic inventory and examination success.

We propose to bring this report to a close by a brief consideration of some of the ways in which the historical aspects of examination procedures confirm the existence of the motives revealed by the clinical studies we have passed in review.

We will deal first (and indeed principally) with the initiation aspect of examinations. According to Hastings Rashdall,<sup>14</sup> our greatest authority on mediaeval universities, just as the universities themselves only gradually took the form of organized bodies, so also examinations and the degrees to which they led only slowly became officialized,<sup>15</sup> and it is probable that the degree ceremony grew out of the much more informal initiation among student groups: and in its origin this ceremony was in essence the same as the examination, which in early days took the form of disputations<sup>16</sup> and constituted at once a pre-

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<sup>13</sup> Brown is puzzled by this and points out that the questionnaire deals with behaviour at examinations generally, whereas the physiological measurements refer, of course, to one particular examination, and he contemplates a further research to elucidate the relation between physiological and conscious anxiety symptoms—an investigation that should be of considerable interest to psycho-pathologists. (Had there been anything in the nature of an inverse relation between bodily symptoms and conscious anxiety, of the kind that is suggested by the antithesis of 'conversion' and 'anxiety' hysteria, there should of course have been a significant negative correlation.)

<sup>14</sup> *The Universities of Europe in the Middle Ages*. New edition edited by F. M. Powick and A. B. Emden, 1936.

<sup>15</sup> The first European examinations of which we have a clear record were those at Bologna early in the thirteenth century.

<sup>16</sup> The first written examinations in Europe are generally supposed to have been introduced by Bentley at Trinity College, Cambridge, in 1702.



liminary to the recognition of the newcomer and his entrance upon the actual performance of his duties. 'Gradually and probably by imperceptible steps the ceremony passed from a mere jollification or exhibition of good fellowship into the solemn and formal admission of a new master into an organized and ultimately all-powerful corporation of teachers.'<sup>17</sup> The 'mere jollification' however, as Rashdall himself makes very clear, was often a rather severe ordeal for the candidate, and thus conforms to the general pattern of initiation ceremonies. The ceremony, he tells us, 'appealed to three deeply rooted instincts of human nature. . . . It gratified alike the bullying instinct, the social instinct, and the desire to find at once the excuse and the means for a carouse. First the *bejaunus* or "yellow bill" (*bec-jaune*), as the academic fledgling was styled, must be hoaxed and bullied; then he must be welcomed as a comrade; finally his "jocund advent" must be celebrated by a feast provided at his own expense.'<sup>18</sup> The ceremony of 'deposition', which later became equivalent to our matriculation, was in its primitive form, at least in German universities, a '*depositio cornuum*'. The candidate was supposed to be a wild beast, whose 'horns and excrescences' must be removed. 'The victim's face is smeared with soap: his ears are clipped: his beard cut: the tusks removed with a saw. . . . they are afraid the operation will be fatal; the patient must be shriven without delay. The boy is made to accuse himself of all sorts of enormities; as a penance for which he is enjoined to provide a sumptuous banquet for his new masters and comrades.'

Here—and in many other details described by Rashdall—we have the two elements of castration and guilt, which psycho-analysis has shown to be prominent features of the examination situation. Anal 'purging' is found, not only in the confession of sins, but in the extortion of money, which, as Rashdall remarks, remains a permanent feature of academic initiations, however many of the other aspects of the ritual may have been abandoned or become unrecognizable.

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Disputations in mediæval universities were, however, at an early date supplemented by practical experience in the faculty of medicine, though the theses presented were often of a distinctly theoretical nature. Thus one candidate is reputed to have dealt with the question 'whether Adam had a navel'.

<sup>17</sup> *Op. cit.*, Vol. II, p. 286.

<sup>18</sup> *Op. cit.*, Vol. III, p. 377.



General violence—as also perhaps an attack upon the anal level—is shown (among other things) by the beatings, which were also frequent, and which were symbolically incorporated into the official ceremony, in that often the candidate was touched with a rod as an essential part of the ritual. Thus in Oxford a Master in Grammar was created *ferula et virgis*. With this we may compare the dubbing with the sword in knighthood and the laying on of hands in confirmation and in holy orders. For the same degree at Cambridge the Vice-Chancellor provided the Master with a rod and the Master himself delivered blows to a substitute or scapegoat. ‘Then shall the Bedel purvey for every Master in Grammar a shrewd boy, whom the Master in Grammar shall beat openly in the Schools and he shall give the boy a groat for his labour.’<sup>19</sup>

This giving of the rod to the new Master is only one of the many items of ritual which we can pretty safely interpret as a restitution after castration, corresponding to the phantasy of endowment with new organs. The hood, gown, cap, etc., with which the candidate is invested have indeed often been recognized as the academic equivalents of the more openly phallic spurs and sword of the knight. The underlying sexual significance of the privileges conferred is also indicated by the giving of a ring to symbolize the Master’s marriage to his science,<sup>20</sup> while the father-regarding aspects of the Œdipus complex found expression in the oath, sometimes demanded, that the candidate would not take vengeance on his examiners; while the examiner on his part has sometimes (as at the ‘rigorous and tremendous’ examination at Bologna) been enjoined to treat the examinee as his own son, a point which is also emphasized by ‘a paternal embrace, a kiss and a benediction’.

Over-determination by womb and birth symbolism is shewn in the curious feature of a preliminary bath at Vienna, which finds a parallel from the law schools of Athens at the time of Justinian, where the new Master and his friends had to force an entrance to the bath against a body of students who tried to keep them out. His bath successfully accomplished, he emerged wearing the garment that was emblematical of his new dignity.<sup>21</sup> A retirement to the womb during the actual

<sup>19</sup> Quoted from an account by an Elizabethan bedel in J. Wells, *The Oxford Degree Ceremony*, 1906, p. 29.

<sup>20</sup> An important part in graduation in the higher faculties was sometimes played by an official styled paranympus (wedding attendant).

<sup>21</sup> Rashdall, *op. cit.*, Vol. I, p. 287.



process of examination is moreover irresistibly suggested by the methods employed in China—a country where (written) examinations have played a larger part in culture and government than they have done until quite recently in Europe and over an immensely longer period (from about 1115 B.C. to 1906),<sup>22</sup> and where the examinees were isolated for several days at a time, each in a small hut 'less than six feet square'.<sup>23</sup> The conditions were such that 'a death in the enclosure (containing the huts) was not a very rare thing'.

To go back to Freud's original statement that the examination mobilizes guilt, it is clear that it has much in common with the ordeal, regarded as a primitive process of law (indeed we still speak of examination and cross-examination in a court of law). H. Goitein, in his illuminating treatment of the ordeal,<sup>24</sup> shews that this archaic institution combined the three processes of detection of guilt, trial and punishment. He produces considerable evidence in favour of his view that both the ordeal itself and the action at law that developed from it involved a regression of libido to the mother in consequence of a failure to carry out the normal social adjustments. The ordeal constituted in its unconscious aspects a symbolic death and rebirth. The primitive prison is a womb symbol (as our Black Maria is to-day) and the infringement of tribal custom could only be atoned for by a process of re-birth similar to that involved in nearly all initiation ceremonies.

This brings us back finally to the *dies iræ*, the supreme ordeal of humanity itself. The Last Judgement is a projection of the individual examination on a cosmic scale. As early as the thirteenth century Robert de Sorbon (1202–1274), the founder of the Sorbonne, in a sermon that has come down to us, drew an elaborate parallel between the earthly and the heavenly examinations. In both cases the trial is severe and the possibility of rejection is very serious (though he is careful to point out that 'in the earthly examination, unlike its heavenly prototype, the examiners are amenable to personal and pecuniary influences').<sup>25</sup> Thus the Last Judgement guards the gates

<sup>22</sup> Seligman has shown the occurrence of typical examination dreams in China similar to those found in Europe. C. G. Seligman, 'Anthropology and Psychology', *Journal of the Royal Anthropological Institute*, Vol. LIV, 1924.

<sup>23</sup> For further details, see T. L. Bullock, 'Competitive Examinations in China', *The Nineteenth Century*, Vol. XXXVI, 1894.

<sup>24</sup> *Primitive Ordeal and Modern Law*, 1923.

<sup>25</sup> Rashdall, *op. cit.*, Vol. I, p. 466.



of heaven, in much the same way as, according to a recent statement, the examination of to-day ' guards the gates ' that lead from elementary education to most of the higher positions in the academic, professional and business fields ; and the well-known symbolism of the threshold applies equally to both cases. At each stage of advancement the old primordial situation is repeated, the old conflicts between individuals and within the individual are re-enacted ; and, as though this earthly series were incapable of solving these conflicts, they are at the end re-mobilized for one last grandiose display at the death of the individual and the annihilation of the race. Eschatology thus throws a final lurid light upon examinations, and we may appropriately end by quoting the first few verses of the well-known hymn of Thomas of Celano, in which the trembling candidate in some minor earthly ordeal may recognize his own emotions magnificently magnified.

Dies iræ, dies illa	Liber scriptus proferetur
Solvat sæclum in favilla	In quo totum continetur
Crucis explicans vexilla	Unde mundus judicetur
Quantus tremor est futurus	Judex ergo cum sedebit
Quando judex est venturus	Quidquid latet apparebit
Cuncta stricte discussurus	Nil inultum remanebit
Tuba mirum spargens sonum <sup>26</sup>	Quid sum miser tunc dicturus
Per sepulchra regionum	Quem patronum rogaturus
Coget omnes ante thronum	Quum vix justus sit securus ? <sup>27</sup>

<sup>26</sup> Trumpets were often used in mediæval universities for assembling participants and spectators for an examination or disputation ; and loud bells are still used for a similar purpose in the schools at Oxford—with marked emotional effect.

<sup>27</sup> It is not surprising that the guilt-laden Gretchen in Goethe's *Faust*, on hearing this hymn, reacts with anxiety associated with typical birth symbolism :

' That I were out of this :	' I feel so tightened here !
I feel as if the organ	The pillars of the wall
Stifled my breathing,	Are grasping me,
And that the anthem	The arch above
Was breaking my heart.	Weighs on me. Air ! '

Nevertheless, to end on a more cheerful note, we may remind ourselves that many have believed that heavenly, as well as earthly, examiners are amenable to 'personal', if not indeed to 'pecuniary', influences. If we can accept their view, we may agree with Omar Khayyam :

Said one, ' Folks of a surly tapster tell  
And daub his visage with the smoke of hell.  
They talk of some strict testing of us. Pish !  
He's a good fellow and 'twill all be well.'



## INSIGHT AND DISTORTION IN DREAMS

BY

THOMAS M. FRENCH

CHICAGO

### *Insight in Dreams ; its Fate in Successive Dreams*

In the course of a psycho-analytic treatment, an important interpretation is usually followed over a period of days or weeks by a series of dreams that have been obviously provoked by the interpretation and are reactions to the dawning insight that has been mobilized by the interpretation. In them one is usually able to detect an urge to confess, side by side with a vehement urge to deny the correctness of the interpretation. Frequently as the analysis proceeds one can observe a gradual decrease in the effectiveness of the denials and an increase in the patient's willingness to accept the proffered interpretation.

The resistance against an interpretation is in some cases expressed by direct denial of its content or by substitution of a content with exactly the opposite meaning, as for example when an interpretation of feminine sexual wishes will be answered by a dream of vigorous masculine protest. Direct denial, however, has the disadvantage that like the negative of a photograph, it leaves practically unchanged the essential relations contained in the proffered insight. The picture remains the same except for the reversal of black and white shades. For this reason, denial is dynamically very close to affirmation ; often only a very slight quantitative shift in the dynamic balance is necessary in order to turn a denial into an affirmation. The girl who is too vehement in her rejection of a suitor often betrays by that fact that she is on the point of accepting him. This is, of course, the basis for Freud's well-known rule that in the unconscious a denial is equivalent to an affirmation ; that the unconscious knows no negative.

There are, however, other and more effective methods of resistance to an interpretation. In the present paper I wish to call attention to one of these that is often encountered in the first dream after an interpretation. The dreams to which I refer are characterized by the fact that they attempt to deprive the interpretation of all intellectual content by reacting to it, not as an interpretation, but as a disturbing noise or some other kind of disagreeable stimulus.

I shall cite as an example a pair of successive dreams, one before



and the other immediately after an interpretation. The first of the two dreams is cited in order to contrast it with the insight-obliterating dream that followed the interpretation. The material is taken from a patient whose most consistent reaction in the analysis had been to attempt to over-compensate for his fears by intimidating the analyst. Three days before the first dream to be reported, the analyst had had occasion to suggest that the patient's very persistent fears were probably a reaction to threats that he had received in childhood concerning masturbation. In reaction to this interpretation, patient recalled some threats that he had actually received, but insisted that they did not mean much to him at the time. On the following day, patient brought a dream which the analyst was at the time unable to interpret. Two days later he brought the first dream of the pair that I am presenting :

Dream : Patient is fixing a velocipede with his brother. The brother asks patient to get something out of a hall where a meeting was being held. Patient refuses with playful politeness on the ground that his brother is younger. Finally the brother straightens himself up to go but indicates he is afraid. Patient is distressed on learning this and says he would have gone if he had known that this was the brother's reason for not wanting to go. As patient gets up to go he meets people who are coming out of the meeting. There is a black cloud in the rear of the hall of which patient feels very much in awe. One man as he comes out of the hall puts his hand on his pocket and another says : ' They have taken in five hundred marks.'

In association, the hall reminds patient of the church where patient's father preached. Patient used to be very much afraid of his father in church. The velocipede reminds patient of a velocipede that all of the brothers owned together. Afterwards they bought a new one with some money given them by an uncle. Patient was very angry when once his father took this new velocipede to learn to ride on it. Five hundred marks refers to a confession that patient had made a couple of weeks before in the analysis. Some years before he had cheated the brother to whom this dream refers by getting him to endorse a loan and then filling in a larger amount. The analyst interprets patient's wish to hide his fear of the analysis by representing that the analyst is afraid. Then patient identifies the black cloud in the rear of the church as his father in a black robe.

It will be noticed that this dream gives evidence of a very considerable latent insight into the patient's emotional situation. Let us



begin with the dream's portrayal of the analytic situation. The brother is the analyst. The analyst failed to understand patient's dream of two days before. Patient concludes that the analyst is afraid. This gives him an opportunity to portray in a projected form his own conflict. The church is patient's unconscious; the mysterious black cloud in the background is his father conflict. Patient is afraid but it hurts his pride to admit it. The allusion to the five hundred marks and to the people coming out of church probably has the value of a consolation. Patient has already made his confession and is reassuring himself that there is nothing further to analyse.

Thus in the figure of the brother patient portrays quite clearly the conflict between his fear and his pride. His insight has only one defect. It is projected. He recognizes this conflict in his brother, the analyst, but only partially in himself. His insight needs to be supplemented at just one point. He must recognize that it is his own fear that he is portraying. It was at this point that the analyst had to supplement patient's insight by pointing out that the conflict between fear and pride attributed to the brother was really patient's own.

The next dream (reported four days later after two intervening analytic hours) seems at first sight to ignore the interpretation entirely. The dream is as follows:

Dream: Patient is in the toilet and a small boy who is yellow urinates upon patient's yellow coat.

Associations to this dream are meagre. The dream is very distasteful to him as toilets are associated in his mind with homosexuality . . . he shews considerable reluctance to associate to it, but mentions his recent refusal to pay his landlady. When analyst calls attention to the anal retentive attitude toward money and associations, patient remarks that he always likes to use the chamber but does not like to have it emptied. His father was the same way. Patient also has an impulse to eat his own nasal secretions.

This dream seems first of all to be a simple wish-fulfilment dream, fulfilling a passive homosexual wish, probably towards the analyst. As in the previous dream he compensates for his own passivity by depreciatingly characterizing the analyst as a small boy.

However, the dream is probably also a reaction to analyst's interpretation of several days previously which the dream is interpreting as soiling. Yellow is the colour of urine, but is probably also symbolic of fear. The dream is giving expression to a retort to the analyst's interpretation. 'You are afraid yourself; that is why you are



reproaching me with being afraid.' Thus the dream contains a latent insight similar to that of the previous dream. He is afraid (yellow) and ashamed of it (the dream is very distasteful to him); and still wishes to project his fear upon the analyst. In the manifest dream, however, this insight is indicated only by a symbolic allusion, the yellow colour of the little boy and of the patient's coat.

Except for this symbolic allusion, the content of the analyst's interpretation is ignored. 'The analyst just urinated upon me', the dream is retorting. Patient chooses to react to the interpretation as a masochistic homosexual gratification rather than to understand the content of it. In reaction to the increased intensity of his conflict, the dream (in its manifest content) has over-simplified the patient's grasp of his conflict by obliteration of the insights contained in the former dream. This obliteration of insight has been achieved by a condensed form of presentation that wipes out the essential relations and substitutes a more primitive form of gratification instead of understanding.

*Quantitative Limits to Insight and to the Integrative Activity of the Ego*

It is clear that emerging insights such as the insight of which the velocipede dream gave evidence have an exceedingly important rôle to play in the integrative function of the ego. It is for this reason indeed that in therapy we attempt to reinforce such bits of emerging insight by our interpretations. In psycho-analytic therapy we attempt to make unconscious conflicts conscious. In so doing our purpose is to stimulate the ego into renewed synthetic activity. The patient's neurosis has indeed arisen as a compromise between repressed and repressing forces, and as such it is itself a product of the synthetic activity of the ego, but an unsatisfactory one. Insight reopens the conflict and confronts the ego again with the task of finding a solution for it. As therapists we hope that the new solution will be a more satisfactory one just because it will be based, we hope, upon a better understanding of the patient's conflict.

At this point, however, our hopes prove to be somewhat premature. What we first encounter is not more intelligent behaviour, but resistance. The ego resists being made aware of the intensity of the conflict with which it has to deal. In other words, in accordance with the pleasure principle, the ego shrinks back from its synthetic rôle and avoids being exposed to the full intensity of the patient's conflict.



This is particularly clearly illustrated in the example that we have just been studying. The analyst's interpretation of patient's projection of his conflict in the velocipede dream must inevitably increase the intensity of the conflict. If it is the analyst's fear that is responsible for delay in the analysis, patient's own pride need not be involved. If he accepts the interpretation, the ego is put under pressure to choose between his pride and his fear. If he yields to his fear, his pride will be hurt; if he saves his pride he must defy his fear.

The succeeding toilet dream, however, does not proceed to find a solution based upon this insight, but rather seeks to reject the proffered insight altogether. In this dream, the ego is evidently striving to diminish the increasing tension by a condensation and partial discharge of the conflicting tendencies. This is achieved by treating the analyst's interpretation as merely an insult which can then be utilized as a source of masochistic gratification.

In other words, these two dreams give us a particularly plastic demonstration of the fact that the synthetic function of the ego is subject to quantitative limitations.

In previous papers<sup>1</sup> I have brought evidence to support the hypothesis that both in the dream work and symptom-formation, as well as in rational behaviour, the character and adequacy of the synthetic activity of the ego is fundamentally determined by the quantitative relation between the intensity of the patient's conflict and the span of the ego's available synthetic capacity. Rational behaviour requires an ego span sufficient not only to view one's situation as a whole, but also to enable one to pay attention to the differences between present and past situations so as to be able to learn from past mistakes instead of repeating them. If the intensity of the conflict exceeds the ego span, as in dreams and neuroses, the dream ego will be unable to view the patient's problem as a whole and must contrive somehow to understand the conflict in simpler and less conflictful terms. In some cases this is achieved by gratifying each of the conflicting tendencies in succession<sup>2</sup> or by dealing separately and successively with different

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<sup>1</sup> See especially French, 'Interrelations between Psychoanalysis and the Experimental Work of Pavlov', *American Journal of Psychiatry*, Vol. XII, 1933; and French, 'Reality and the Unconscious', *Psychoanalytic Quarterly*, Vol. VI, 1937.

<sup>2</sup> For example, see French, 'Reality and the Unconscious', *ibid.*



aspects of the conflict situation.<sup>3</sup> In these cases the ego may be said to have simplified its task by devices of *fragmentation*<sup>2</sup> and *isolation*. In the 'toilet' dream the ego has employed another technique for the same purpose—a technique which we may characterize as *simplification by condensation*.<sup>4</sup>

*Proposed Study of the Dream Work in Terms of the Ego's 'Practical Grasp' of the Conflict Situation*

Freud originally studied the dream work by tracing the chains of associations that lead from the latent dream thoughts to the manifest dream content. Comparison of the manifest dream content with the latent dream thoughts made it plain that the latent dream thoughts had been subjected to a series of transformations that contrasted most conspicuously with rational thought processes. These processes of condensation, displacement, translation into simple sensory imagery, etc., Freud termed the primary process. This he contrasted sharply with the secondary process, or rational thinking.

The distinction between primary and secondary processes was derived originally from the comparison of dream work, symptom-formation, etc., with rational *thinking*. Primary and secondary processes were compared as thought processes.

In the discussion that has just preceded, we have followed a somewhat different procedure. Starting from Freud's insight that the motive power and incentive for the dream work is derived from unconscious wishes, we have interested ourselves not so much in the transformations undergone by the latent dream thoughts, but rather with the ego's dynamic problem<sup>5</sup> of reconciling conflicting wishes. We have been interested in the dream work not as a distorted intellectual process, as a peculiar mode of thinking, but rather as an attempt by the ego to solve a practical problem. The latent dream thoughts are numerous and heterogeneous and related in many different ways to the conflict

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<sup>3</sup> See Alexander, 'Dreams in Pairs and Series', this JOURNAL, Vol. VI, 1925.

<sup>4</sup> We must leave it to subsequent studies to inquire into the principles that determine just what devices the ego must employ in order to bring a particular task within the span of its synthetic capacity.

<sup>5</sup> This direct dynamic approach to dream interpretation is of course nothing novel, but is the practical intuitive method that we all employ in the actual practice of dream interpretation.



which the dream is attempting to solve. Instead of concerning ourselves with these heterogeneous latent dream thoughts as such, we have turned our attention to the ego's practical understanding of the conflict situation as a whole.

If now we wish to compare the dream work with the mental processes of waking life from this more dynamic point of view, it will be appropriate to compare the dream work not with rational thinking but rather with rational *behaviour*.

Rational behaviour is also motivated by wishes. The significant point for comparison is the way that dream and rational behaviour respectively deal with wishes. We must compare the fate and elaboration of unconscious wishes in the dream work with the fate and elaboration of the wishes that motivate rational behaviour.

In rational behaviour we are guided from moment to moment not so much by logical thoughts as by a sort of practical grasp of what we want and of the real situation that confronts us in trying to get it.

Certain experimental psychologists have interested themselves particularly in this sort of practical grasp of a situation. In his *Mentality of Apes* (1925), Köhler<sup>6</sup> describes repeatedly how an experimental animal may for a time stand helpless before a problem, then suddenly gain 'insight' into a hitherto unnoticed aspect of the situation. For example, a monkey may be quite baffled in its desire to get fruit just out of its reach outside the bars of its cage until it suddenly discovers the trick of making a longer stick by fitting together two shorter sticks. With its practical grasp of the situation thus enriched by a new insight, the animal then proceeds immediately and directly to the solution of its problem.

At first thought the 'insight' which we attempt to give to our patients in a psycho-analytic treatment seems to be something totally different from the 'insight' of which Köhler is speaking in his monkey experiments. In psycho-analysis we are dealing with wishes of which the patient is unaware, wishes that have been repressed, excluded from consciousness. We attempt to help them get 'insight' into the content of these repressed wishes. Köhler's monkeys, on the other hand, know what they want. They are only at a loss as to how to

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<sup>6</sup> More recently Kurt Lewin and his co-workers have elaborated the concept of the 'psychological field' which corresponds very closely to the 'practical grasp' of the situation which we are here discussing. See Lewin, *Dynamic Theory of Personality*, 1935.



get it. The 'insight' of which Köhler is speaking is the sort of practical grasp of a situation that is necessary in order that one may overcome the practical difficulties that stand in the way of wish-fulfilment.

On further consideration, however, the contrast between Köhler's and our own use of the word 'insight' is not so great as it seems. The insight that we give to our patients does not work by magic. The repressed wish has been repressed because it was in conflict with other motives within the personality. If a patient succeeds in gaining 'insight' into a repressed wish, he has only substituted a conscious conflict for an unconscious one. The ego, like Köhler's monkeys, still has a problem to solve. The ego is still faced with the task of finding a way to reconcile the conflicting tendencies. 'Insight' into the repressed wish serves merely to improve the ego's 'practical grasp' of the conflict situation.

The problem is indeed more complex than in the case of Köhler's monkeys. Our patients must reconcile two conflicting wishes, whereas the monkeys are striving toward a single goal and struggling only with external difficulties in the way of achieving it. With this exception, however, the two cases may be understood in identical terms. In order to perform satisfactorily its task of reconciling conflicting tendencies, the ego must have an adequate 'practical grasp' of the conflict situation. Insight into the content of a repressed wish is of course one essential part of this 'practical insight'.

In analytical geometry one sometimes finds it helpful to change the co-ordinates of reference and rewrite the equation of a curve in terms of a new co-ordinate system. The new equation thus derived has of course exactly the same meaning as the old one; but in some cases it is possible in this way to bring out certain relations more simply and clearly.

In the following discussion I should like to propose an experiment of thought of this sort. I propose that we attempt to understand the dream work in terms of the ego's practical grasp of the conflict situation, in terms of the ego's attempts to simplify its understanding of the conflict situation in order to bring it within the span of its available synthetic capacity.

#### *The Rôle of the Ego in the Velocipede Dream*

In order to understand the rôle of the ego in shaping the velocipede dream it will be necessary to discuss this dream briefly in its setting in the course of the analysis as a whole.



The patient had originally sought treatment on account of a fixation of his sexual interest upon exhibitionistic and homosexual impulses, accompanied by a total inhibition of heterosexual interest. He had run away from an analysis with a more experienced analyst, Dr. X., but had then come back and been referred by Dr. X. to a number of younger analysts in succession.

Early in his analysis the patient had sought consolation for this fact by comparing the analysis to a scene from his childhood. The patient and his many younger brothers had occupied a room next to the parents' bedroom. Curious about what was going on in the next room the brothers attempted to relieve their sexual tension by masturbating 'each in his own way' in fear and defiance of the parents next door.

It will be noticed that the velocipede dream pictures a similar situation. The patient and his younger brother are represented as two children playing outside of the church where the father is really working. The dream symbolism establishes the connection with the more frank sexual memory and helps us to fill in its subjective content. The hall is the mother, the brother's 'straightening himself up' to go into the hall suggests coitus; probably the people coming out of church symbolize the birth of children. Fixing the velocipede parallels the masturbation in the sexual memory. The little boys have a vague impulse to do as the parents are doing. For this their play is a very inadequate outlet. Something is lacking. There remains an indefinite urge to go into the next room to 'get something'. It is probably the violence of this desire that gives rise to so much fear.

We have mentioned patient's conflict between pride and fear. Back of this is a conflict between pride and the dependent attitudes of childhood. He would like to be a man like father, but senses half consciously that he is emotionally a child.

The subsequent course of the analysis made plain the severity of this conflict. In order for him to become emotionally a mature man, he must undergo a profound emotional transformation. His aggressive energies are now absorbed almost exclusively in the task of attempting to hide from himself and others his deep-seated emotional dependence. When his defence against recognition of his dependence later breaks down, he will pour out the whole of his aggressive energy in destructive and self-destructive resentment on account of the frustration of desires now impossible of fulfilment—resentment because he can no longer be loved like a helpless infant. Only after a period of utter despair and



frustration will he gradually become able to reconcile himself to the fact that he is no longer a child. Only then will he be able, step by step, to turn his aggressive energy to the service of real masculinity instead of wasting it in frustrated rage.

It is plain that at the time of this dream patient's ego is completely unable to grasp the extent of his emotional immaturity. The conflict between his dependence and his pride is too intense. The profound emotional readjustment that is necessary cannot now be grasped in its entirety.

The dream work may be analysed into three main steps. (1) The first step carries him back to the time when he was really a child, to the time when he was a boy struggling with the riddle of what it means to become a man. (2) The second step simplifies this riddle enormously. In order to fix his velocipede it is necessary to 'get something'. The latent concept may be reconstructed roughly. 'If I wish to be a man like father I need only to take his penis.' (3) But the little boy does not dare to castrate the father or to approach the mother sexually. The third step in the dream work is to substitute for these really serious impulses a symbolic play—instead of castrating the father and of coitus with the mother, 'raising himself up' to go into a hall to 'get something'.

It is easy to see that each one of these steps in the dream work has the function of helping the ego to grasp the patient's problem in simpler, less conflictful terms.

(1) As a grown man, to sense his emotional immaturity would involve an overwhelming blow to patient's pride; but it is normal and taken for granted that a child should be dependent. Moreover, it soothes his pride to be the oldest of many brothers.

(2) To grasp the problem of becoming a man as one of 'getting something' is a solution that arises out of the needs to receive and to take that are the central core of patient's infantile fixation. It is impossible for patient's ego to span the quantities of affect that must be mastered should he sense completely the nature of the transformation that he must undergo in order to become a mature man. He spares himself this overwhelming of his ego by substituting this simplified solution that involves so little modification of his underlying receptive needs.

(3) Finally, it is only by the free use of symbolic play that it is possible for the child to learn by emulation of its parents. The disparity between child and parent is too great and real imitation of the



parents would too often involve the child in a conflict it could not face. Faced with a step in development that is too great for its capacity, the child divides the one long step into many smaller steps by substituting play for reality. It imitates what it can and fills in the rest with symbolic play.

*Alternation between Insight and Action in Dream and in Waking Life*

In conclusion I should like to call attention to one more parallel between these two dreams and the ego's mode of functioning in waking life.

The velocipede dream is a dream of insight but does not show any great pressure toward motor discharge. Patient raises himself up to go into the church, but the dream ends before he has to do anything about it.

The toilet dream, on the other hand, is characterized not only by obliteration of insight but also by a partial discharge of tension. Being urinated upon is a masochistic gratification intense enough to stir up a reaction of shame.

Thus in these two dreams, the first is characterized by insight, the second by partial discharge of tension; and the reason for the transition from insight to emotional discharge appears to be the increased conflict due to the increasing vividness of patient's insight into his conflict. To this the patient is reacting by rejecting the threatening insight and discharging some of the tension.

It is now interesting to take note of the fact that just such an alternation between insight and discharge of tension also plays an important rôle in waking life. Planning alternates with activity. In favourable cases one first plans, then executes one's plan. In other cases one becomes impatient of planning and discharges tension in motor activity before one has decided upon a rational course of action.

It is also important to note that, in the course of solving a practical problem, the character of one's practical grasp of the problem situation usually undergoes significant transformations. After the monkey has hit upon the idea that the fruit can be brought within reach by fitting together two sticks, then it must focus its attention upon the task of putting the two sticks together. The intellectual faculties of the animal must now be focussed rather upon the immediate motor task than upon the situation as a whole.

We must conclude, therefore, that the fact that the 'toilet' dream no longer gives evidence of the more comprehensive insight contained



in the 'velocipede' dream is in itself no sign of a deficiency in the adequacy of the ego's integrative function. The criterion for adequacy of the integrative influence of the ego must rather be the relation between the insight achieved and the subsequent motor discharge. In rational behaviour, one's activity is intelligent because it is based upon the insight achieved during the period of thought and planning. In the 'toilet' dream, on the other hand, the discharge of tension was associated with a rejection of the emerging insight; the transition from insight to discharge of tension occurred too soon; the ego's synthetic capacity was not great enough to allow insight to proceed to the point where it could serve as the basis for subsequent action, to the point where it could serve as the basis for a real solution of patient's conflict.



## THE PSYCHO-ANALYSIS OF AFFECTS

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As time goes on it becomes clearer that the recent fallow period in the development of psycho-analysis is due to a comparative neglect of the problem of affect. The obscurity surrounding early stages of ego organization or the nature of early ideational content is as nothing compared with the obscurity that clouds the understanding of primary affects and their vicissitudes. And this for a number of reasons. Not only is ideational content easier to grasp than the more labile and impermanent expressions of affect, but the exploration of affect tends to arouse greater subjective resistances. Moreover, clinical observers naturally focus their attention rather exclusively on those affective reactions that are most frequently and most obviously responsible for pathological states. Thus the constant reference made during recent clinical discussions to the factor of 'anxiety' (either manifest or latent) tends to give the impression that analysts regard this state and its immediate sequelæ, hate and guilt, as the only affective responses of early childhood and therefore as the mainsprings of neurotic or psychotic reaction. Similarly a recent recrudescence of interest in transference is justified by its sponsors on the ground that the latent anxiety content of these transferences has not been duly appreciated. Although praiseworthy enough this over-emphasis is not without its dangers. Therapeutically regarded the essence of transference is the displacement of affect, and undue concentration on the 'anxiety-hate-guilt' group is likely to impede understanding of other important affective reactions.

Yet another factor in the comparative neglect of affects is the tendency to be too exclusively interested in ideational derivatives of instinct (e.g. in the more stereotyped forms of primitive unconscious phantasy); or again, to consider such unconscious phantasies solely in terms of the specific instinct from which they are felt to be derived. By so doing the observer is liable to gloss over the fact that the driving power of instincts cannot be properly appreciated without some measure of the affects they engender. In other words the boundary concept of instinct is of clinical value in two directions only: in so far as it promotes an adequate classification of phenomena, and in so far as the concept of continuous flow of energy makes it easier to under-



stand the existence of periodic stresses and of regressions. It is to the *actual derivatives of instinct-stress* that we must look for an explanation of mental behaviour. And amongst the primary derivatives of and responses to instinct-stress, affective reactions are by far the most powerful.

A fresh investigation of affect therefore requires not only more careful analysis of affective experiences but a plausible reconstruction of the affective states occurring during early phases of infancy, when analytic observation cannot be checked by examination of ideational derivatives, when, in fact one can do little more than draw inferences either from behaviouristic data or from analytic observations made on other and older subjects.

As far as reconstruction is concerned, it is appropriate to recall that one of the most successful efforts in this direction lies to the credit of Ernest Jones. In his paper on 'Fear, Guilt and Hate'<sup>1</sup> he set himself the task of describing systematically some early 'layerings' of affective states, if one may use a mixed dynamic-topographic expression. These views were a logical development of the author's earlier interest in the relations of instinct to morbid anxiety, and although they do not claim to be a complete reconstruction of the vicissitudes of affect in infancy they provide an instructive example of the method by which more comprehensive reconstructions can be made. It is clear that adequate understanding of affective problems cannot be achieved unless the subject is approached from a number of angles. Freud has already shown that no mental event can be understood unless it is examined metapsychologically. And affective phenomena call for a greater variety of approaches than any other mental manifestation. This is borne out by the fact that affects can be classified in a great variety of ways. They can be described in crude qualitative terms, e.g. of subjective pleasure or 'pain', or labelled descriptively according to the predominant ideational system associated with them in consciousness. They can be classified by reference to the instinct or component instinct from which they are derived, or they can be considered as either 'fixed' or 'labile'. They can be divided into primary affects and secondary affects, more precisely into 'positive' and 'reactive' affects, or they can be considered as tension and discharge phenomena. Finally, they can be grouped as simple or compound ('mixed' and/or 'fused') affects.

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<sup>1</sup> This JOURNAL, Vol. X, 1929.



Generally speaking, the simpler the classification the less value it has. In this respect the pleasure-pain criterion is not very satisfactory. Similarly, the approach by reference to instinct requires considerable expansion before it can be of much service. Study of the affective reactions following frustration of different component impulses provides a valuable line of inquiry. Variations in the distribution of libido or of aggressive charges throughout the different body organs or zones are responsible for characteristic affective experiences. And no doubt these could be traced back to differences in the nature of sensory excitation and of stimulation of the sympathetic system. For example, the contribution of gastric, intestinal, skin and muscle erotism (sadism or aggression) to the characteristic states that go to make up 'oral depressive' affect is certainly worthy of investigation. Similarly, the psychic displacement of libido from one zone to another, e.g. from the genitals to the extremities is responsible for a good deal of complication in subjective feeling. In short, the more complicated the relation of affective states the more necessary it becomes to distinguish clearly between simple and compound affects. The concept of *fusion* of affects has to be distinguished from that of 'mixed' affect, or again from simultaneous experience of affects of different origin. To take a simple example, the phenomenon of ambivalence is ill-described as a rapid alternation of love and hate affects or as a simultaneous experience of love and hate attitudes towards one and the same object. It is much better understood by extending the concept of fusion of instinct (which has been so abundantly justified in the case of sadism or masochism), and postulating an actual fusion of affect. The refractoriness of ambivalence to analysis and the fact that its partial disappearance during analysis involves a series of defusions and refusions of instinct is convincing evidence in this direction. The compelling and sometimes disruptive force of ambivalence is more comprehensible if it is regarded from the affective rather than from the ideational standpoint. This view is borne out by study of more complicated states of 'mixed' affect, such as are encountered occasionally in cases of perversion, where frustration affects are associated with gratification affects, or again in cases where compulsive sexual activity arises as a response to anxiety.

Moreover, in the case of affects that have proved pathogenic it is easy to demonstrate that many of these, although apparently simple, are actually compound or fused. They disappear only after a number of distinct affective elements (whose existence is proved by the presence



of characteristic unconscious phantasies) have been analysed. Several writers, in particular Joan Riviere,<sup>2</sup> have pointed out that jealousy formations are by no means simple: that they comprise a *number* of psychic situations. But clinically regarded the significance of jealousy depends on the fact that it is an extremely disturbing affect reducible on analysis to simpler elements of grief, anger, and fear. Perhaps the best example of an affect which although apparently primary is actually exceedingly complicated is that of depression. Some states of depression are certainly simpler and more primitive than others, compare e.g. the relatively simpler manifestations occurring in schizophrenia with those of 'depressive states'. The later depressions are, however, extremely elaborate. The simplest examination of ideational content shows that they combine a feeling of impoverishment due to internal loss of love, feeling of deadness due to the action of internal anger directed against the love-object (with which the ego is partly identified) together with reactions of anxiety, guilt and remorse. These different reactions are bound together by what might be called an 'affective matrix', in this case an overwhelming feeling of hurt, the ultimate expression of frustration. The feelings of depression experienced in hysteria although similar in constitution are much less closely fused, and overlap more with other affects. They also conceal a deep jealousy reaction which induces a greater sense of active stress and therefore counteracts to some extent the 'stone-dead' feelings occurring in true depression. Hysterical depressives, despite their 'dead' feelings, are notoriously hyperactive. In any case, these more stereotyped ('fixed') components by no means exhaust the analysis of depressive affects. As has been suggested, these include also a variety of emotional reactions contributed specifically by disturbed or overcharged components of infantile instinct. And at this point the difficulty arises of discriminating between purely psychic experience and corporeal sensations of a hypochondriacal kind (e.g. mental and physical feelings of 'weight').

These findings suggest that it is to the lesser known components of any emotional cluster that one must turn in order to elucidate the early history of affect. And in this connection the most useful classification of affects seems to be that into tension affects and discharge affects. Freud himself indicated the importance of this approach when he called attention to the fact that the effects of excitation should

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<sup>2</sup> 'Jealousy as a Mechanism of Defence', this JOURNAL, Vol. XIII, 1932.



not be regarded solely from the quantitative point of view. Rise and fall in excitation, he suggested, is important because there are definite qualities associated with different quantities of the same instinct excitation. So that presumably there are qualitatively different affective responses to frustrations of different quantities of instinct. And since there is no exact correlation between tension and 'pain', or between discharge and pleasure, there seems no alternative to investigating a large mass of clinical material in order to isolate and identify *specific tension affects*. The following example may serve to illustrate this line of approach.

Those accustomed to analyse acute anxiety states must have observed that the more distressing forms of panic occur during periods of instinctual stress. The nature of the stress can be gathered by studying the efflorescence of unconscious phantasies (e.g. of sadistic intercourse) that ensues. The accompanying tension is experienced both physically and mentally. The physical forms include a variety of muscular innervations and organ sensations; the most familiar psychic reaction is best described as a feeling of mental 'bursting' which usually induces a lively apprehension of 'being disrupted', 'flying into fragments' or 'going mad'. Similarly, in depressive cases, when the feeling of internal weight begins to give way to active suicidal feelings, it is not hard to detect an increase in unconscious sadistic tensions which can no longer be immobilized. In this phase the depression affect frequently disappears to be replaced by a vaguely described but compelling 'intolerable feeling', comparable to bursting. Unlike the hysteric, the depressive case does not exhibit any panic on experiencing these explosive tensions. He simply takes it for granted that the feeling justifies any action calculated to relieve it. Where the hysteric would be content with fits of screaming or jumping up and down, the depressive is ready to commit suicide. These are, of course, outstanding examples. In milder conditions the bursting feelings are less constant and require for their periodic release some external justification. Thus, in some cases of frigidity, increase in the fear of penetration can be shown to accompany increase in unconscious sexual tension and phantasy. The actual bursting feeling is due to an overcharge of sado-masochistic energies, and the genital penetration is thought of as pricking an inflated balloon. In mixed cases of anxiety hysteria and obsessional neurosis the feelings are much more localized. If, as is frequently the case, they are given physical expression this usually takes the form of intolerable tension on the bridge of the nose,



hands or feet, forearms or shoulder girdle. The mental forms readily pass over into a 'letting go' of obsessional ideas not unlike a maniacal 'flight', although much more organized and accompanied by actual dread. During the analysis of hysterical phobias, particularly phobias of insanity, it can frequently be observed that the mutilation ideas present are stimulated by an explosive feeling following an unconscious sadistic tension. A similar situation can sometimes be uncovered in phobias of pregnancy. Anxiety of bursting is a common accompaniment of neurotic disturbances of sexual function, particularly in those cases of impotence where there is a strong unconscious homosexual organization oscillating between active and passive phantasies. In such cases there is usually no outlet for adult sexuality except perhaps a residual and rather abortive type of masturbation; social activities are restricted to a sort of hermit-like existence, and sublimatory outlets are heavily curtailed. In less severe cases of conditional impotence, the anxiety of bursting is sometimes represented by a marked repugnance to growing fat. Marjorie Brierley<sup>3</sup> has observed a similar reaction in women and regards it as due to 'homosexual' tension. It is more marked where outlets for masculinity are missing or impeded, e.g. in talented women who cannot find or sustain any relieving activity or else cannot work at their chosen career. Finally one might mention that in the later stages of some organic disorders (e.g. cardiovascular, liver and kidney diseases) the appearance of acute oedema or ascites may produce a frenzied reaction quickly followed by a phase of despair.

Whatever may be the state of mind common to these various reactions, its unconscious ideational expression evidently depends on the level of mental organization and instinctual conflict existing at any given stage of development. And obviously the analytical interpretation would vary either according to the clinical picture or according to the theoretical predilections of the analyst. Thus it could be described as a typical Oedipus reaction exhibiting the usual fears of orgasm and penetration: it is obviously a form of unconscious homosexual tension. Between these two forms there lies a strong pregnancy fear associated with infantile theories of impregnation, e.g. delivery by bursting through the abdominal wall. Its anal components are not difficult to detect, in particular the fear of anal retention. This retention is not the usual passive form, but an active inhibition

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<sup>3</sup> Personal communication.



of a powerful drive towards expulsion. In both anal and urethral aspects the fear of incontinence (i.e. of the phantasy significance of incontinence) is indisputably a factor of the first importance. Incidentally bursting sensations are probably more urgent in urethral than in any other forms of experience.

The feeling can also be interpreted in the usual topographical terms. The part played by the super-ego (using this term in the customary sense) is quite clear. Not only does it respond rapidly to any rise of sadistic id-tension, but there seem grounds for assuming that the total psychic tension is increased by active interference on the part of a maternal type of severe super-ego. Brierley has observed this in particular in cases of frustrated unconscious homosexuality. At deeper levels the influence of early ego development is obvious. Melitta Schmideberg has pointed out that the infant projects its love and hate feeling to various parts of its own body and consequently fears conflict between these independent parts. The pleasure parts are good and narcissistically loved, the 'pain' parts are hated and feared. She believes that anxiety of hostile parts of the body fighting each other gives rise to a fear of disruption. It is stimulated by unpleasant physical sensations (including reactions to clothes), frustration or pain, and is increased by identification of parts of the body with dangerous introjected objects. It is, in her opinion, counteracted by achieving control over the body through muscular activity. Finally, observations of the painful anxieties exhibited by infants when subjected to increasing stimulation either mental or physical (e.g. screaming reactions on being tickled, or later, fears of bursting during explosive laughter) indicate that the feelings of psychic disruption follow sudden rise of libidinal excitation. The important point is, however, that this excitation owes its peculiar disruptive quality to simultaneous rise of sadistic tension. Not just simply to accompanying hate, rivalry or aggression, but to a characteristic quality of sadistic over-excitation. *Psychic feeling of disruption is thus a typical and very early tension affect, which in course of development may become fixed in different forms ('canalized' by association with phantasy systems) according to the experiences and unconscious ideations of different developmental periods.*

If this view be accepted certain conclusions follow of both theoretical and practical interest. It would seem desirable to investigate more closely the earlier psychic forms of fear that previously have been regarded rather from a theoretical standpoint. Here again Ernest



Jones<sup>4</sup> has opened a path by describing the dread of what he calls *aphanisis*. Aphanisis, in his view, is essentially a tension reaction due to the unavoidable absence of efferent discharge of erotic excitation. Owing to the existence of sadistic components this tension becomes intolerable and a dread develops of 'total annihilation of the capacity for sexual gratification, direct or indirect'. The most familiar clinical manifestation of the dread of aphanisis is, he believes, the castration complex. Although there is much in common between his views and those of the present writer, the fact that Jones stresses the element of destruction and mutilation distinguishes the dread of aphanisis from the dread of disruption or bursting. From the writer's point of view aphanisis is a slightly more organized fear which develops later than the fear of disruption. The former is no doubt reinforced through the mechanism of projection, i.e. the full force of sadism is reflected on the self. Fear of aphanisis occurs at a point nearer to 'discharge' (motility). This is in keeping with theoretical views of the development of affects at different points in an 'excitation-discharge' sequence. No doubt these affects overlap with each other or merge to some extent. Undoubtedly there is fear of disruption in aphanisis, and fear of aphanisis contributes to the fear of disruption. Nevertheless, until further investigations are made there seems good clinical ground for distinguishing between these two forms. In aphanisis the excitation travels to a point near to motility. It threatens to break into destructive action (directed outwards and therefore threatening destruction in return). The consequent reflection of this excitation back to the central psychic system gives rise to the characteristic affect. In the case of 'bursting' affect the excitation is freer (more mobile). It, too, stimulates the central psychic system and sets up its characteristic affect. But there is some reason to suppose that the backward flow of excitation causes increased stasis in the afferent system. This increased stasis sets up intolerable tension, and, the avenues to motility remaining blocked, a variety of physical sensations ensue. These take the form of sensory disturbances and/or muscular tensions, i.e. an 'ineffective' form of 'internal' behaviour.

Explanations of this sort are of necessity extremely tentative. It might be argued, for instance, that bursting tensions occur nearer to motility than the tensions inducing dread of aphanisis. Or again,

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<sup>4</sup> 'The Early Development of Female Sexuality', this JOURNAL Vol. VIII, 1927.



that differences between the two states are due to the fact that dread of aphanisis is fostered by introjective tendencies, whereas the bursting affect has a closer relation to projective tendencies of the mind. One is tempted to add that these dynamic relations between excitation, affect and behaviouristic discharge may throw some light on the manic-depressive affective sequence. It seems likely, for example, that the bursting feelings accompanying depression represent an abortive manic phase, in which excitation is arrested short of activity, but cannot be completely inhibited. However this may be there seems reasonable prospect that the application of metapsychological criteria to clinical observations will lead to a more comprehensive understanding of primary affects. There is certainly ample scope for investigation since it is, at any rate, plausible that there are as many primitive affects as there are primitive ego-nuclei.

#### BIBLIOGRAPHY

A comprehensive list of relevant literature is given in Brierley's paper 'Affects in Theory and Practice', this JOURNAL, Vol. XVIII, 1937, pp. 266-7.

Additional papers of importance are:—

Melitta Schmideberg, "'Bad Habits" in Childhood', this JOURNAL, Vol. XVI, 1935.

Landauer, 'Affects, Passions and Temperament', this JOURNAL, Vol. XIX, 1938.



## PSYCHO-ANALYSIS AND THE CONCEPT OF HEALTH

BY

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Perhaps it would be true to say that we attach less importance in analytical circles to differentiating between healthy and pathological behaviour than is often done outside those circles. But the concepts of 'health' and 'illness' always exert a 'latent' influence, so to say, on our analytical habits of thought and it cannot but serve a useful purpose to clarify the implications of these terms. Moreover, it would be a mistake to suppose that the subject possesses no more than a theoretical interest, that it lacks any practical significance. For, when all is said and done, it often depends upon the analytical concept of health whether we recommend a course of analytical treatment—so that the matter is important as a factor in our judgement of the indications present—or what changes we should like to see effected in a patient, or when we may consider that an analysis is ripe for termination. Differences of outlook in this sphere must ultimately lead to corresponding differences in our therapeutic technique, as was clearly foreseen by Ernest Jones<sup>1</sup> many years ago.

While psycho-analysis was still in its infancy, it seemed a relatively simple matter to define mental health and mental illness. At that period we became acquainted for the first time with the conflicts which give rise to neuroses and believed that we had thereby acquired the right to differentiate between health and illness. Subsequently the discovery was made that conflicts such as those we had come to regard as pathogenic could be shown to exist also in healthy people; it became apparent that the choice between health and illness was determined rather by temporal and quantitative factors. To a greater extent than any theoretical considerations our therapeutic experience has compelled us to recognize this truth. It has been found that our efforts have met with very variable success and we are not always able to accept the familiar explanations of the responsibility for this state of affairs. We are finally forced to the conclusion that the quantitative factor of the strength of the instincts and a quantitative factor residing

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<sup>1</sup> 'The Attitude of the Psycho-Analytic Physician towards Current Conflicts' (1913), *Papers on Psycho-Analysis*, Third Edition.



in the ego-function have here acquired, side by side with other factors of course, an importance of their own. Moreover, mechanisms are evidently not as such pathogenic but only in virtue of their topographical value in space and their dynamic value in action, if I may so express myself. The process of modifying the original analytical conception of health has been advanced a stage further by the contributions to the psychology of the ego which have now been in the forefront of psycho-analytical interest for nearly twenty years. But the more we begin to understand the ego and its manoeuvres and achievements in dealing with the external world, the more do we tend to make these functions of adaptation, achievement, etc. the touchstone of the concept of health.

However, a psycho-analytical definition of health presents certain difficulties which we shall now proceed to examine. As is well known, it is never at any time an easy matter to say what we really mean by 'health' and 'illness' and perhaps the difficulty of differentiating between them is even greater when we are concerned with the so-called 'psychological illnesses' than it is with physical maladies. Health is certainly not a purely statistical average. If it were we should have to look upon the exceptional achievements of single individuals as pathological, which would be contrary to the ordinary usage of speech; and besides this, a majority of people exhibit characteristics which are generally regarded as pathological (the example most frequently given being caries of the teeth). 'Abnormal' then, in the sense of a deviation from the average, is not synonymous with 'pathological'.

In the conceptions of health most widely prevalent, subjective valuations play a considerable part, whether explicitly or implicitly, and that is the chief reason why such conceptions, especially when they relate to mental health and mental illness, may vary considerably at different periods and among different peoples. Here judgement is influenced by a subjective factor depending on cultural and social conditions and even personal values. Within a uniform society these judgements will exhibit a far-reaching similarity, but that does not deprive them in the least of their subjective character. 'Health' is generally one expression of the idea of vital perfection; and this in itself implies the subjectivity of the judgements concerning it. A logical analysis of the concept of health (I shall barely touch upon the problem here) would have to devote especial attention to the valuations embodied in the different conceptions of health.

But these are not the only difficulties inherent in a psycho-analytical



definition of health. So long as we make freedom from symptoms, for instance, the criterion of mental health, it is comparatively easy in practice to arrive at a decision. Even by this standard there exists no absolutely objective basis for our judgement ; for a simple answer is not readily forthcoming to the question whether a given psychical manifestation is in the nature of a symptom or whether on the contrary it is to be regarded as an 'achievement'. It is often a difficult matter to decide whether the pedantry or ambition of an individual or the nature of his object-choice are symptoms in a neurotic sense or character-traits possessing a positive value for health. Nevertheless this standard does provide us, if not with a basis for objective judgement, at all events with a consensus of opinion which is usually sufficient for all practical purposes. But health as it is understood in psycho-analysis is something which means far more than this. In our view, freedom from symptoms is not enough for health ; and we cherish higher expectations of the therapeutic effects of psycho-analysis. But over and above this, psycho-analysis has witnessed the development of a number of theoretical conceptions of health which often lay down very severe standards. We have accordingly to ask ourselves what health signifies in a psycho-analytical sense.

By way of preamble we would remark that man's relation to health and illness itself often presents features of a distinctly neurotic order. When these problems are very much in the foreground one is sometimes actually tempted to speak of a 'health-neurosis'. This idea is made the basis of a paper recently published by Melitta Schmideberg.<sup>2</sup> A conspicuous characteristic in certain well-marked types is their conviction that they themselves enjoy superior health, accompanied by a compulsive urge to detect in others deviations, mainly of a neurotic or psychotic kind, from their ideal of health. In certain circumstances such people are capable of fulfilling a useful function in society by very reason of their particular form of neurosis, which may mark them out for the rôle of eternal sick-nurse to their fellow-men. In the simplest form of this behaviour the operative mechanism is commonly projection ; by constantly seeing others as patients in need of one's help one avoids recognition of one's own neurosis. In the same way Freud once expressed the opinion that many analysts

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<sup>2</sup> " 'After the Analysis . . . ' ", *Psychoanalytic Quarterly*, Vol. VII, 1938. Cf. too the observation made by Glover in the ensuing discussion, quoted on p. 141.



probably learn to absolve themselves from personal compliance with the obligations of analysis by exacting it from others. We know too that a like tendency to overestimate the neurotic and psychotic reactions of one's fellow-men belongs to the growing-pains of many analysts. It is a common feature of 'health-neuroses' that those afflicted by them cannot allow themselves to suffer or to feel ill or depressed.<sup>3</sup> But a healthy person must have the capacity to suffer and to be depressed. Our clinical experience has taught us the consequences of glossing over illness and suffering, of being unable to admit to oneself the possibility of illness and suffering. It is even probable that a limited amount of suffering and illness forms an integral part of the scheme of health, as it were, or rather that health is only reached by indirect ways. We know that successful adaptation can lead to maladaptation—the development of the super-ego is a case in point and many other examples could be cited. But conversely, maladaptation may become successful adaptation. Typical conflicts are a part and parcel of 'normal' development and disturbances in adaptation are included in its scope. We discover a similar state of affairs in relation to the therapeutic process of analysis. Here health clearly includes pathological reactions as a means towards its attainment.

But we must return to the concept of health and ask ourselves once more what criteria we possess in analysis for gauging mental health and illness. I have already mentioned that we do not identify health with freedom from symptoms. And we still find ourselves on ground which is comparatively accessible, from an empirical though not, of course, from a prognostic point of view, if we take into consideration the extent to which this immunity from symptoms is durable and capable of withstanding shocks. But the wider implications which the term health assumes for us and what analysis aims at in this sense cannot readily be reduced to a scientific formula. At the same time we find a number of useful theoretical formulations concerning the attributes of that state of health to which we are anxious to bring our patients with the help of the methods available to analysis. Of these the most general is Freud's 'Where id was, there shall ego be'<sup>4</sup>; or there is Nunberg's 'the energies of the id become more mobile, the super-ego more tolerant, the ego becomes more free from anxiety and its synthetic function is restored.'<sup>5</sup> But the distance between such

<sup>3</sup> Cf. Schmideberg, *op. cit.*

<sup>4</sup> *New Introductory Lectures*, 1933, p. 106.

<sup>5</sup> *Allgemeine Neurosenlehre*, 1932, S. 312.



necessarily schematic formulations and the measurement of actual states of mental health, of the actual degree of mental health enjoyed by a given individual, is far greater than one would like to suppose. It is not at all a simple matter to bring these theoretical conceptions of health into line with what we in actual fact call 'healthy'. Moreover, one gains an impression that individual conceptions of health differ widely among analysts themselves, varying with the aims which each has set for himself on the basis of his views concerning human development, and also of course with his philosophy, political sympathies, etc. Perhaps for the time being it will be advisable to proceed with caution before attempting to arrive at a precise theoretical formulation of the concept of health—otherwise we shall be in danger of allowing our standards of health to become dependent on our moral preoccupations and other subjective aspirations. It is clearly essential to proceed on purely empirical lines, i.e. to examine from the point of view of their structure and development the personalities of those who are actually considered healthy instead of allowing our theoretical speculations to dictate to us what we 'ought' to regard as healthy. This is precisely the attitude that psycho-analysis adopts towards the normative disciplines. It does not ask whether these norms are justified but concentrates on a totally different problem, namely that of the genesis and structure of behaviour which has, in fact, for whatever reason, been assigned a place in a scale of positive and negative values. And besides, theoretical standards of health are usually too narrow in so far as they underestimate the great diversity of types which in practice pass as healthy. Needless to say analysis itself possesses criteria intended to serve as a purely practical guide, such as the tests so frequently applied of a capacity for achievement or enjoyment.

But we propose here to examine in greater detail those theoretical schemes for the classification of mental health and illness which one finds contained, either expressly or by implication, in psycho-analytical literature; and for this purpose we may ask ourselves what conceptions of health have in fact been advanced and not whether certain conceptions 'ought' to be advanced. These descriptions of a healthy or 'biologically adjusted' individual, if we confine ourselves entirely to their broadest general outlines, reveal a pronounced development in two directions. In neither direction, it need scarcely be said, is it merely a question of some subjective factor, some personal predilection achieving expression; they are the results of a rich harvest of clinical



experience, and of much valuable experience of the analytical process of cure. These two directions emphasize as the goal of development and health on the one hand rational behaviour and on the other hand instinctual life. This twofold orientation already commands our interest because it reflects the twofold origin of psycho-analysis in the history of thought—the rationalism of the age of enlightenment and the irrationalism of the romantics. The circumstance that these two aspects are emphasized in Freud's work certainly reflects a genuine insight into the dualism which does in fact inform the problem. Now the analytical conceptions of health which have developed on the basis of Freud's suggestions often proceed to assign undue prominence to one of these standpoints at the expense of the other.

When one makes the mistake in analysis of contrasting the id as the biological part of the personality with the ego as its non-biological component, one naturally encourages the tendency to make 'life' and 'mind' into absolutes. When in addition all biological values are acknowledged as supreme, one has approached dangerously near to that malady of the times whose nature it is to worship instinct and pour scorn on reason. To be sure, these tendencies, which lead to a glorification of instinctual man and which at the present time have widely assumed a highly aggressive and political complexion, play a less conspicuous part in the literature pertaining to psycho-analysis or subject to its influence than they do elsewhere.

At the other end of the scale we find the ideal of a rational attitude, and the 'perfectly rational' man is here held up as a model of health and as an ideal figure generally. This conception of mental health deserves closer consideration. That some connection exists between reason and successful adaptation seems clear enough, but it is apparently not such a simple one as is assumed in many psycho-analytical writings. We should not take it for granted that recognition of reality is the equivalent of adaptation to reality. The most rational attitude does not necessarily constitute an optimum for the purposes of adaptation. When we say that an idea or system of ideas is 'in accordance with reality', this may mean that the theoretical content of the system is true, but it can also signify that the translation of these ideas into action results in conduct appropriate to the occasion. A correct view of reality is not the sole criterion of whether a particular action is in accordance with reality. We must also reflect that a healthy ego should be able to make use of the system of rational control and at the same time take into account the fact of the irrational nature of



other mental activities. (This is a part of its co-ordinating function.) The rational must incorporate the irrational as an element in its design. Moreover, we shall have to admit that the advance of the 'rational attitude' is not an even one along a single front, as it were. One often has the impression that a partial progression in this respect may entail a partial regression in other directions. It is evidently very much the same with the process of civilization as a whole. Technical progress may very well be accompanied by mental regression or may actually bring it about by way of mass methods.<sup>6</sup> Here I can only present these ideas in brief outline but I have developed them at greater length elsewhere. They show us the need to revise those analytical conceptions which maintain that the individual who is most rational (in the ordinary sense of the word) is also psychologically the most completely healthy.

Another fundamental criterion of mental health available to psychology has a somewhat less general character, one more firmly rooted in the structural conceptions of analysis: I refer to the criterion of freedom. By freedom is meant not the philosophical problem of free will but rather freedom from anxiety and affects, or freedom to perform a task. The credit for introducing this criterion into analysis belongs to Wlder.<sup>7</sup> I believe that at the root of this conception there lies a well-founded idea; yet I would rather have avoided the term freedom because it is so equivocal in meaning and has been so heavily overtaken by successive philosophers. In the present context it means no more than control exercised by means of the conscious and preconscious ego and might well be replaced by that description. The mobility or plasticity of the ego is certainly one of the pre-requisites of mental health, whereas a rigid ego may interfere with the process of adaptation. But we would add that a healthy ego is not only and at all times plastic. Important as is this quality, it seems to be subordinated to another of the ego's functions. A clinical example will make this clear. We are all familiar with the obsessional neurotic's fear of losing his self-control—a factor which makes it so very difficult for him to associate freely. The phenomenon which I am thinking of is even more clearly marked in those persons who, for fear of losing

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<sup>6</sup> Karl Mannheim, *Mensch und Gesellschaft im Zeitalter des Umbaus*, Leyden, 1935.

<sup>7</sup> 'The Problem of Freedom in Psycho-Analysis and the Problem of Reality-Testing', this JOURNAL, Vol. XVII, 1936.



their ego, are unable to achieve orgasm. These pathological manifestations teach us that a healthy ego must evidently be in a position to allow some of its most essential functions, including its 'freedom', to be put out of action occasionally, so that it may abandon itself to 'compulsion' (central control). This brings us to the problem, hitherto almost entirely neglected, of a biological hierarchy of the ego's functions and to the notion of the integration of opposites, which we have already met in connection with the problem of rational conduct. I believe that these considerations relative to the mobility of the ego and the automatic disconnecting of vital ego-functions have enabled us to make very considerable progress towards discovering an important condition of mental health. The threads which lead us from this point to the concept of ego-strength are clearly visible. But I do not now wish to discuss this well-worn theme, although one would have to deal with it at considerable length if a systematic exposition of our subject were intended, which is not the case.

I shall now develop this critical exposition of analytical conceptions of health in a direction which will enable us to penetrate more deeply into the realm of ego-theory. For obvious reasons psycho-analysis has hitherto been concerned principally with situations in which the ego finds itself in conflict with the id and the super-ego and, more recently, with the external world. Now one sometimes meets with the idea that the contrast between a conflict-ridden and a peaceful development can automatically be correlated with that afforded by mental health and mental illness. This is a quite mistaken view: conflicts are a part and parcel of human development, for which they provide the necessary stimulus. Nor does the distinction between healthy and pathological reactions correspond to that between behaviour originating or not originating in defence. Nevertheless it is by no means an uncommon thing to discover passages in psycho-analytical literature in which it is maintained that whatever is prompted by the needs of defence, or else results from unsuccessful defence, must somehow be accounted as pathological. Yet it is perfectly clear that a measure which is successful in relation to defensive needs may be a failure from the standpoint of positive achievement, and *vice versâ*. We are really concerned here with two distinct approaches to the classification of the same facts and not with two different sets of facts. This consideration does not invalidate our experience that pathological function offers the most fruitful approach to the problems of mental conflict. Similarly we first became familiar with the mechanisms of defence in



their pathogenic aspect and it is only now that we are gradually coming to recognize the part they play in normal development. It would seem that we cannot adequately assess the positive or negative value which such processes possess for mental health so long as we only think of the problems of mental conflict and fail to consider these matters from the standpoint of adaptation as well.

Now if we examine these situations more attentively, we very often make the interesting discovery that the shortest way to reality is not always the most promising from the standpoint of adaptation. It would seem that we often learn to find our bearings in relation to reality by devious ways, and that it is inevitable and not merely 'accidental' that this should be the case. There is evidently a typical sequence here, withdrawal from reality leading to an increased mastery over it. (In its essential features this pattern is already realized in the process of our thinking; the same remark applies to the activity of imagination, the avoidance of unsatisfactory situations, etc.) The theory of the neuroses has always presented the mechanism of turning away from reality solely in terms of pathological processes: but an approach from the standpoint of the problems of adaptation teaches us that such mechanisms have a positive value for health.<sup>8</sup>

In this connection a further problem has a claim upon our interest: I allude to the way in which we use the terms 'regression' and 'regressive' within the analytical system of criteria for measuring mental health. We are generally accustomed to think of regressive behaviour as the antithesis of conduct adapted to reality. We are all familiar with the part which regression plays in pathogenesis and for that very reason I shall not need to consider that aspect of the problem. But in actual fact it would seem that we have to distinguish between progressive and regressive forms of adaptation. We shall have no difficulty in defining a progressive adaptation: it means an adaptation in the direction of development. But we also find instances of successful adaptation achieved by way of regression. These comprise many examples of the activity of the imagination; a further illustration is afforded by artistic activity as well as by those symbolic devices for facilitating thought which are found even in science, where it is most strictly rational.

We do not readily perceive at a first glance why it is so comparatively often the case that adaptation can only be achieved in these regressive

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<sup>8</sup> Cf. also Anna Freud, *The Ego and the Mechanisms of Defence*, 1937.



*détours*. Probably the true position is that in his ego, especially as expressed in rational thought and action, in its synthetic and differentiating function,<sup>9</sup> man is equipped with a very highly differentiated organ of adaptation but that this highly differentiated organ is evidently by itself incapable of guaranteeing an optimum of adaptation. A system of regulation operating at the highest level of development is not sufficient to maintain a stable equilibrium; a more primitive system is needed to supplement it.

The objections which we felt obliged to raise against the definitions of mental health and illness last mentioned (in connection with the problems of defence, regression, etc.) may be summarized as follows: these conceptions of health approach the problem too exclusively from the angle of the neuroses or rather they are formulated in terms of contrast with the neuroses. Mechanisms, developmental stages, modes of reaction, with which we have become familiar for the part they play in the development of the neuroses, are automatically relegated to the realm of the pathological—health is characterized as a condition in which these elements are absent. But the contrast thus established with the neuroses can have no meaning so long as we fail to appreciate how much of these mechanisms, developmental stages and modes of reaction is active in healthy individuals or in the development of those who later become so, i.e. so long as an analytical 'normal psychology' is still very largely non-existent. This is one of the reasons why it is precisely the analysis of conduct adapted to reality which is to-day considered of such importance.

I should add that the arbitrary nature of such definitions of mental health and illness is very much less evident in the literature of psycho-analysis itself than in many of its applications to social conditions, artistic activity, scientific production, etc. Where ethical, æsthetic, and political valuations enter very clearly into play and proceed to make use of the concept of health for their special purposes, a considerably wider latitude is allowed to such arbitrary judgement. By skilful conjuring with these kinds of standards it becomes easy enough to prove that those who do not share our political or general outlook on life are neurotic or psychotic or that social conditions to which we are for some reason opposed are to be accounted as pathological. I believe that we are all clear in our own minds that such judgements—

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<sup>9</sup> Cf. also Fuchs, 'Zum Stand der heutigen Biologie', *Imago*, Bd. XXII, 1936.



whether we personally share them or not—have no right to speak in the name of psycho-analytical science.

It will now have become quite obvious to us where many of the conceptions of health and illness discussed in this paper stand most in need of amplification, namely in the direction of the subject's relations with and adaptation to reality. I do not mean to suggest that in these attempts to formulate a definition, to arrive at a theoretical concept of health, the factor of adaptation has been neglected ; this is very far from being the case. But in the form in which it is expressed the concept of adaptation itself is in many respects too ill-defined—and, as we have already remarked, 'conduct adapted to reality' has hitherto offered little opportunity for a psycho-analytical approach.

It is obvious that what we designate as health or illness is intimately bound up with the individual's adaptation to reality (or, in the terms of an oft repeated formula, with his sense of self-preservation). I have recently made an attempt to probe more deeply into the problems which confront psycho-analysis at this juncture.<sup>10</sup> Here I shall confine myself to a few suggestions which may seem worth considering in framing a definition of health. The individual's adjustment to reality may be opposed to that of the race. Now it is true that we are accustomed, from the standpoint of our therapeutic aims, to allow a substantial margin of priority to the claims of individual adaptation over those of the race. But if we are to insist that some connection exists between mental health and adaptation, we are bound to admit in the light of our previous remarks that the concept of health may bear inconsistent meanings according to whether we think of it in relation to the individual or to the community. Moreover, we shall deem it expedient to distinguish between the state of being adapted and the process by which it is achieved. And lastly we must point out that adaptation is only capable of definition in relation to something else, with reference to specific environmental settings. The actual state of equilibrium achieved in a given individual tells us nothing of his capacity for adaptation so long as we have not investigated his relations with the external world. Thus an unhampered 'capacity for achievement and enjoyment', simply considered in isolation, has nothing decisive to tell us concerning the capacity for

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<sup>10</sup> 'Ich-Psychologie und Anpassungsproblem', *Internationale Zeitschrift für Psychoanalyse und Imago*, Bd. XXIV, 1939.



adapting oneself to reality. On the other hand disturbances in one's capacity for achievement and enjoyment (for the sake of simplicity we will keep to these familiar criteria) are not to be evaluated simply as a sign of failure in adaptation. This really goes without saying and I only mention it because it is occasionally overlooked when attempts are made to formulate a definition. As an indispensable factor in assessing an individual's powers of adaptation we would single out his relation to a 'typical average environment'. We must take account of all these aspects of the concept of adaptation if we are to establish criteria of health based on adaptation or the capacity for it. We would insist that the processes of adaptation are always appropriate only to a limited range of environmental conditions; and that successful efforts at adaptation towards specific external situations may in indirect ways lead at the same time to inhibitions in adaptation affecting the organism.

Freud<sup>11</sup> recently characterized this state of affairs by quoting Goethe's 'Reason becomes unreason, beneficence a torment'. Conversely, when viewed from this angle, the proposition that the nature of the environment may be such that a pathological development of the psyche offers a more satisfactory solution than would a normal one loses its paradoxical character.

This necessarily condensed presentation must inevitably make the considerations here adumbrated appear somewhat arid; but I am convinced that no analyst would have any difficulty in illustrating them from his clinical experience. In this connection I should like to insist once more that we shall obviously be in a better position to correlate all these definitions with concrete, clinically manifest conditions and thus to apply the concept of health in an unequivocal and trustworthy manner, when we have been able to advance further in the sphere of analytical 'normal psychology', in the analysis of adapted behaviour. I believe that a more attentive examination of the phenomena of adaptation may also help us to escape from the opposition between 'biological' and 'sociological' conceptions of mental development which plays a certain part in analysis but is fundamentally sterile. It is only when we consider the social phenomena of adaptation in their biological aspect that we can really start

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<sup>11</sup> 'Analysis Terminable and Interminable', this JOURNAL, Vol. XVIII, 1937.



'getting psychology rightfully placed in the hierarchy of science, namely as one of the biological sciences'.<sup>12</sup>

It is important that we should clearly realize both that there exists a close connection between adaptation and synthesis, and the extent of this. An 'organization of the organism', the specific representative of which in the mental sphere we bring into relation with the synthetic function (and also with the differentiating function which has, however, been less fully explored), is a pre-requisite of successful adaptation; on the other hand its efficacy is doubtless dependent on the measure of adaptation achieved. A process when viewed 'from within' may often present itself as a disturbance of mental harmony; when viewed 'from without' we should have to characterize the same process as a disturbance of adaptation. So, too, instinctual conflicts are very frequently bound up with a disturbed relation to the environment. It is also significant in this connection that the same process of defence quite commonly serves the twofold purpose of acquiring mastery over the instincts and of reaching an accommodation with the external world.

By thus seeking to make adaptation, and especially synthesis, the basis of our concept of health, we seem to have arrived at an 'evolutionary' concept of health. And in point of fact this does represent a psycho-analytical contribution to the concept of mental health which should not be underestimated. But on the other hand a conception which relates the degree of mental health to the degree of development actually attained (compare the factor of rational control and, on the instinctual plane, the attainment of the genital stage as a pre-requisite of health) suffers from certain limitations, at least as regards the ego, to which I have briefly alluded.

I shall here conclude this necessarily schematic and fragmentary presentation. I have endeavoured to explain and discuss a number of standpoints which psycho-analysis has in fact adopted towards the concept of health, either expressly or by implication. In a one-sided fashion I proceeded to single out for almost exclusive attention those conditions of mental health which are seen to be related to the ego. I purposely restricted myself in this way. It seemed to me that there were good reasons why the psychology of the id had failed to provide us with a key to the problems of mental health. Moreover, by con-

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<sup>12</sup> Ernest Jones, 'Psycho-Analysis and the Instincts' (1935), *Papers on Psycho-Analysis*, Fourth Edition.



ducting my survey from the standpoint of the ego I found myself in a position to discuss certain problems of ego-theory which are decidedly no less important than the question of our criteria of health. The contribution that I myself have been able to make towards the further development and criticism of these views certainly does not as yet enable us to formulate a concept of mental health in simple, unequivocal, definitive terms. But I believe that it will have helped us to discern quite clearly in which direction these prolegomena to a future analytical theory of health must be developed.



# A SUPPLEMENT TO THE CASTRATION COMPLEX: THE SPHERE OF PHANTASIES RELATING TO THE OS PRIAPI

BY

IMRE HERMANN

BUDAPEST

The psycho-analytical basis of the castration complex has been approached from different angles. One of the starting-points of inquiry is the anatomical difference between the two sexes and the experiences connected with the observation of those differences. Another tendency tries to clear up the part played by the threats—real or imagined—connected with masturbation or brought about by the Œdipus situation. A third path of inquiry seeks to find models for the castration-pattern (the loss of faeces, breast or umbilical cord, or of the libidinal object—father or mother). From a biological point of view it is perhaps this last way of probing into the castration complex which reveals most. I have myself contributed to the discovery of these models in my studies of comparative psychology.

Experiences gathered in the last few years lead me now to elaborate a fourth path of inquiry, by trying to trace the castration complex to the sexual organ of man itself.

First I shall introduce some examples of the material on which my assumption is based, then I shall endeavour to give a general formulation of that assumption, and finally the phenomena will be set alongside the data of comparative biology and anthropology.

The associations produced by one of my male patients were for several sessions connected with bones (e.g. the gravestone of his mother, work with calcium, etc.). They were also connected with memories of amputations and artificial limbs, and led to a castration-phantasy (originally produced in his puberty) which was intended to ward off erection, namely to the idea of a bleeding penis or the alarming thought of having to place his penis on the tram-lines in the same way as coins are sometimes placed there by children. Another subject, closely interconnected with the former, was that of rigidity and tension. Ultimately one meaning of the patient's neurotic symptom of stammering was revealed: instead of rigidity of the penis, which had been fended off, rigidity was mechanized in a different sphere. In a session following a somewhat lengthy interruption of the treatment he began to talk of platinum wires, of Ariadne's thread and of the interruption



of his analysis. I hazarded the interpretation that the way back must be guaranteed by some hard material, and he admitted that he had just thought of the story of Hansel and Gretel, in which breadcrumbs or pebbles were scattered on the path to ensure a safe return. A similar doubt arose with regard to the penis: would that unprotected boneless organ return safely from the vagina? Consciously the patient was only aware of the fear of erection lasting for an indefinite time because the penis could not regain its original position of rest.

In the case of a patient suffering from obsessional neurosis the same idea was connected with his infantile fear of death as symbolized by a skeleton. The fact that the human skeleton does not possess a penis, together with his own lack of an os priapi, reminded him—according to my construction—not only of his being inferior to his father, whose truss he regarded as something mysterious and hard, but also of death. With all his obsessional symptoms there went along a fear that the ground was cut from under his feet. His comparing analysis with having a tooth out—his father was a dentist—made it clear that this general fear was connected not only with direct castration but also with the converse notion of having all his bones removed and of collapsing in consequence.

It is very remarkable that phantasies about the os priapi can be observed in female patients also. That such phantasies are in some measure common property is proved by the well-known anecdote of the girl medical student, who asserts at an examination that the penis contains a bone. 'No, Miss X', is the professor's reply, 'that's only what you felt.' A very intelligent and accomplished young woman patient of mine believes to this day that the penis is a bone surrounded by ligaments. This bone is the object of her veneration as well as of her fear. She is afraid of man because he wants to pierce her with the bone, but at the same time she desires identification with him. At this point her principal symptom—obsessive slimming—becomes intelligible: she wishes to resemble a skeleton, she wishes to lose those boneless organs, her breasts. Her fanatical truthfulness fits in with these ideas: one must have 'backbone', muscles and fat conceal the interior, the true inner self, to which, according to one of her dreams, only a 'telescopic penis' can penetrate.<sup>1</sup> The skeleton does not lie and it does not conceal anything, therefore it is desirable. To be good means to be like a skeleton.

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<sup>1</sup> We shall go into the meaning of the 'telescopic penis' later on.



Henceforward I shall assume that boys as well as girls endow the penis with a bone, either because they believe it to be originally a bony organ, or as a mark of respect and in order to increase its safety. When the boy first discovers that it possesses no bone he begins to disparage his own penis and to develop anxieties about it. On the other hand he considers the bony penis to be endangered because it may break off. The *os priapi* plays a part in the genital anxieties of woman too. Anxiety is diminished when she becomes aware that it is non-existent, but at the same time she feels disappointed. Both boys and girls can verify the absence of the penis when examining a skeleton,<sup>2</sup> and thus the whole complex of ideas connected with the penis is linked to the fear of death. The lack of an *os priapi* is a sort of death, partly because this fact deprives the penis of its vitality, and partly because the difference between the genitals of men and women is obliterated and thus the skeleton is allowed to assert itself in the living. According to this interpretation the connection between castration-anxiety and the fear of death is based on subjective experience.

Our first theoretical consideration will have to decide the question whether the part I have ascribed to original forces at work is not merely a symbolic representation, i.e. a symbolization of erection by means of the bone-phantasy.

The fact that—as far as I know—no case of the *os priapi* phantasy is recorded in the literature (though bones, wood, metal, etc. are acknowledged symbols of the penis) seems to speak in favour of its being merely a symbolic representation. But that assumption is shaken by the pathological cases which permit an interpretation of their symptoms in the sense of these phantasies; sometimes a positive therapeutic reaction—even if the improvement is only temporary—shows that there are dynamic forces at work.

A decision in favour of one of these two possibilities could be made if we could discover the basis of this complex of ideas.

(a) *Ontogenetic Point of View.* During the first years of infancy the human organism is engaged in the process of bone-formation. The

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<sup>2</sup> Elementary school children very often identify death with the skeleton (Nagy, *Death and the Child*, 1936, in Hungarian). Tales and pictures probably help to establish this connection at an even earlier age. This is corroborated by the conscious reminiscence of one patient. The skeleton desires to castrate because it itself is not endowed with a penis. Its image can be interwoven with that of the father whose castration is unconsciously desired.



limbs, the skull and finally the teeth participate in this process; the typical diseases of infancy are caused by difficulties arising in its course. 'Hard' and 'soft' are recognized as such—previously to, or at least simultaneously with, the anal model—in the course of the development of the bony structure. Children often feel anxious about the softness of certain parts of the skull, especially of the temples. One might believe that a part of the mind which is in touch with organic events is in favour of general ossification, that it is expecting everything to become hard and bony. There is indeed a direct contact between something in the psyche and the physiological process of bone-formation, as is proved by animals fed on a diet poor in calcium. Such animals instinctively search for food containing calcium, for instance bones, but immediately stop consuming bones when they obtain calcium in the ordinary way.<sup>3</sup>

(b) *Phylogenetic Probability.* We have just asserted that deep parts of the psyche of the growing human being 'lay a claim' to the os priapi in consequence of ontogenetic evolution (the process of ossification). The same can be said about man as a zoological unit in respect to phylogenetic evolution. It is well known that many animals possess an os priapi. The following table shows the prevailing conditions among the primates.<sup>4</sup>

<i>Subdivisions of Primates</i>	<i>Presence or Absence of Os Priapi</i>	<i>Remarks</i>
I. Lemuroidea . . . .	+	
II. Tarsoidea . . . .	—	
III. Anthropoidea :		
A. Platyrrhini . . . .	±	The cebus possesses an os priapi, ateles and lagotrix do not, but the females in some instances have an os clitoridis.
B. Catarrhini :		
1. Cercopithecidae .	+	Os priapi of taxonomic value.
2. Simiidae :		
Gibbon . . . .	?	
Orang-outang . .	+	
Chimpanzee . . .	+	
Gorilla . . . .	+	
3. Pithecanthropoidea .	+	According to Bauman.
4. Hominidae . . . .	—	

<sup>3</sup> Katz, *Animals and Man*, 1937, p. 174.

<sup>4</sup> After Sonntag, *The Morphology and Evolution of the Apes and Man*, 1924.



As regards man we find the following: 'Back in the Miocene geological period we almost certainly had a penis-bone, which has later disappeared during the course of our evolution . . .'<sup>5</sup> According to Möllendorf coarse tomentous connective tissue, undoubtedly corresponding to the os priapi in animals, is present in the glans.<sup>6</sup>

(c) *Data Relating to the History of Cultural Development.* Primeval cave-man must have had personal experiences connected with the penis-bone. The powerful cave-bear possessed a long penis-bone which must have attracted his attention, especially when seen on the carcase. We know, moreover, that it was apt to break during the act of copulation (the same sometimes happens with dogs) thus rendering the animal incapable of copulation.<sup>7</sup> This latter fact is particularly calculated to rouse ambivalent emotions.

According to mediæval belief witches could cast a spell on the penis.<sup>8</sup> The devil often had a penis made of horn or partly of bone.<sup>9</sup>

A striking illustration to our subject is furnished by Holbein's *Dance of Death*. The artist's complex of ambivalent phantasies finds a curious expression. Death appears in the shape of a skeleton, and the penis is often replaced by some projecting object, e.g. a drum, the board of an accordion, etc. ; in one picture the protracted backbone projects in place of the penis-bone.

(d) *Anthropological Material.* Certain tribes fasten sticks, stones or other objects to the penis. In the Sunda Islands and in Indo-China pieces of gold, silver or copper are placed beneath the skin of the penis ; this is said to be demanded by the women in order to enhance their enjoyment.<sup>10</sup> P. M. van Wulfften-Palthe gives particulars of the disease known as 'koro'. There seems to be a widespread fear among the population of Eastern Asia that the penis may withdraw into the

<sup>5</sup> Bauman, *Out of the Valley of the Forgotten*, 1923, Vol. I, p. 366.

<sup>6</sup> Möllendorf, *Handbuch der mikroskopischen Anatomie des Menschen*, 1930, S. 312.

<sup>7</sup> Abel, *Vorzeitliche Lebensspuren*, 1935, S. 3-5 ; Kubacska, 'Pathologische Untersuchungen an ungarländischen Versteinerungen : II. Geheilte Frakturen am Penisknochen des Höhlenbären', *Paleobiologica*, V, 1933, S. 159-168.

<sup>8</sup> Sprenger and Istitoris, *Malleus maleficarum*, 1489.

<sup>9</sup> Ernest Jones, *On the Nightmare*, 1931, p. 172.

<sup>10</sup> Stoll, *Das Geschlechtsleben in der Völkerpsychologie*, 1908, S. 921-923.



body and so cause death.<sup>11</sup> A rigid metal instrument serves to forestall that danger. In my opinion our interpretation to the effect that the shrivelling up of the boneless penis is a step towards identifying the body with a skeleton, with a dead body, offers a simple explanation of this neurosis.

The same meaning is conveyed, though on a different plane, by nose-sticks made of bone or metal. The rites of initiation must also be mentioned here.<sup>12</sup>

Another part of the anthropological material is connected with customs concerning the dead. They are a proof of the deep impression made by the disappearance of the penis in the dead. The belief that a bone removed from a dead body possesses magical qualities<sup>13</sup> may be regarded as an endeavour to compensate against this feeling.

The cycle of myths round Osiris and the Egyptian cult of the dead must here be referred to. The dead body of Osiris was first dismembered and then assembled, but Isis had to substitute a wooden phallus for the penis, which had been swallowed by a fish. The figure of Osiris was probably modelled on the general appearance of a corpse, as is proved by its 'greenish black' colour (*livores mortis*) and by some phenomena which hint at anthropophagy.<sup>14</sup>

Lastly the 'pointing-bone' must be mentioned, the most important attribute of the magician, consisting of a bone of a dead person.<sup>15</sup> According to Róheim 'there are reasons to assume that the penis in its sadistic aspect is the physical prototype of the magician's weapon.'<sup>16</sup> The career of the medicine-man begins 'by his being opened, that is castrated': 'in the night the dead person inserts a mysterious bone into each.'<sup>17</sup> Black magic is carried out by projecting the pointing

<sup>11</sup> van Wulfften-Palthe, 'Koro: Eine merkwürdige Angsthysterie', *Internationale Zeitschrift für Psychoanalyse*, Bd. XXI, 1935.

<sup>12</sup> Róheim, *The People of the Tchurunga* (in Hungarian), 1932, p. 194; Reik, 'The Puberty Rites of Savages', *Ritnal*, 1931, p. 98; Winterstein, 'Die Pubertätsriten der Mädchen', *Imago*, Bd. XIV, 1928, S. 209-210.

<sup>13</sup> Frazer, *The Fear of the Dead in Primitive Religion*, 1933.

<sup>14</sup> Jelgersma, 'Der Kannibalismus und seine Verdrängung im alten Ägypten', *Imago*, Bd. XIV, 1928.

<sup>15</sup> Róheim, 'The Pointing Bone', *Journal of the Royal Anthropological Institute*, Vol. LV, 1925, p. 101.

<sup>16</sup> Róheim, *Animism, Magic and the Divine King*, 1930, p. 75.

<sup>17</sup> Róheim, *ibid.*, pp. 176, 180.



bone 'into the victim in a peculiar way. It emerges from the part of the body between the rectum and the penis.'<sup>18</sup> The anthropological cycle of the pointing bone, which is obtained from a corpse, is, according to Róheim, connected also with anthropophagy.<sup>19</sup>

The material which I have quoted enables me to conclude that both the fact that the penis contains no bone and the assumption that it does contain one help to establish the plausibility of actual castration. The dead body, the skeleton, actually reveals the fact of the missing penis, of castration. This is another way of linking castration-anxiety with the fear of death (fear of the skeleton) both in boys and girls. Certain pathological cases and the anthropological material seem to prove that the phantasies about the *os priapi* are connected with anal as well as with anthropophagous factors, thus hinting at the primeval character of this cycle. In folk-tales, too, anthropophagous elements seem to be involved with *os priapi* phantasies.

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After we have familiarized ourselves with the two aspects of the phantasies relating to the *os priapi*—the idea of the phallus with a bone and the consequent increase in castration-anxiety—some odd phantasies of quite a different content, which now and then make their appearance, enter into the complex of the penis-bone phantasies. This also serves as a proof of the scientific and heuristic value of the connections established by us.

Sometimes the phantasies are tinged with a wish or a fear that during copulation the genitals may explore, observe, discover, smell or see something of the intimacies of the partner, and on the other hand that they may betray secrets (e.g. unfaithfulness) to the partner. These phantasies are not absolutely unjustified, since the erection of the penis, the moistness or dryness of the vagina, details in the process of coition or menstruation may indeed betray secrets. In these phantasies the genitals are narcissistically over-estimated and regarded as 'complete organisms' equipped with an organ of speech as well as with all the other sense-organs. Coition itself—as a counterpart, so to say, of the equation set up by Flugel and Jones 'tongue = penis'—becomes a form of silent speech and a means of internal perception. It is obvious that these phantasies have funda-

<sup>18</sup> Róheim, 'Primitive High Gods', *Psychoanalytic Quarterly*, Vol. III, 1934, Supplement, p. 71.

<sup>19</sup> Róheim, 'The Pointing Bone', p. 95.



mentally the same character as those related to the *os priapi*: the penis becomes a complete organism. Borrowing a term from the biological philosophy of Smuts and Haldane we might denote all these phantasies as belonging to the holistic cycle of phantasies connected with the penis.

The genesis of these holistic phantasies has been approached from different directions when we were dealing with the bone-phantasy. In the same way the explorer-phantasies can be genetically understood by taking into account the 'lower' senses (the senses of smell, taste, heat). Here I should like to suggest that 'holistically', i.e. in pursuit of an organic whole, these phantasies tend towards personification. In this form they are well-known in such shapes as Freud's equation 'penis = child', the identification of the penis with the whole organism (in Ferenczi's genital theory), the Gulliver-phantasies of Ferenczi, and the phantasy of the 'phallus-girl' of Fenichel.

Holistic phantasies have their dark side too. The penis-bone brings, as we have seen, new castration-anxieties, its absence even is a constant reminder of the skeleton, that is, of death. The explorer-phantasy rouses the fear of being inwardly denuded, betrayed. These phantasies, which furnish the genitals with subtle sense-organs, are obliged to forfeit some of their power in order to ward off anxiety. But this development ultimately leads to aphanisis (Jones), to the annihilation of all sexual emotion. Adjustment to reality is impeded midway. From the holistic point of view the genitals are bereft of their completeness, they are relatively castrated, their state is one of 'relative aphanisis'.

In my opinion this position between holistic phantasy and aphanisis, this relative castration adjusted to reality, helps us to a better understanding of impotence and frigidity, of perversions like exhibitionism, and especially of the super-ego. The illusion of having *really* suffered castration, which I believed to be at the back of the depressive rigour of the real super-ego, can be fully understood in the light of relative castration. If the development of the super-ego is obstructed, not only will the genital sense-organs be curtailed, but the loss of power will be shifted over to the sense-organs of the body or to the observation of the inner voice. Inner and outer apperception, which had been adjusted to reality, will temporarily be obscured by a veil (e.g. a liar will be apt to overlook the presence of one who knows the truth) or the conviction will prevail that such a veil is temporarily obscuring the view of other people.



THE CONCEPT OF RATIONALIZATION  
(Some Remarks on the Analytical Criticism of Thought)

BY

WALTER HOLLITSCHER

LONDON

We owe the expression of the concept of rationalization to Ernest Jones, to whom this special number of the JOURNAL is dedicated on the occasion of his sixtieth birthday.

This concept is regarded, both by the supporters as well as by the opponents of psycho-analysis, as a paradigm of the analytical method. It is, therefore, understandable that it has been the subject of epistemological criticism designed to throw doubt on the whole of the analytical science. 'How,' it is asked, 'can we prove the truth of the opinion of an analyst who claims to expose the arguments of another person as a rationalization? Who can assure us that this exposure is not, in its turn, a rationalization on the part of the analyst—and therefore also of doubtful truth—intended to oppose the arguments of the other by means of an arbitrary interpretation?'

As a consequence of considerations of this and a similar kind, the critics of analysis often reject the concept of rationalization (and with it the analytical method) as leading to an 'infinite regress'; or they accept it, but maintain that as a consequence of the formation of this concept a general 'relativity' in the claims to truth of all arguments must be admitted, and that analysis has to take this into account.

I believe that this epistemological criticism is guilty of an error in logic. (Its objections are, incidentally, of a similar kind to the arguments used against the concept of ideology in scientific sociology.) When, for instance, an analyst says that someone's line of thought is 'rationalized' he is not thereby expressing any opinion as to its rightness or wrongness or as to the correctness of the logical processes involved. He is only describing a particular mechanism of thought. This mechanism is characterized by a discrepancy between what the patient puts forward as the reasons for his opinions and what the analyst recognizes as the motives and causes of those opinions. That the reasons with which one tries to prove an argument, and the motive which causes one to take up that line of argument, can be different, was better known in everyday psychology than to the pre-analytical academic psychology of thought. The German expression '*Beweg-*



*grund* ' (actuating reason) for 'motive' demonstrates this clearly: it seemed a matter of course to the psychologists that it was his (conscious) reasons which actuated a man's behaviour. Analytical psychology has familiarized us with the fact that many of the reasons which people give for the way in which they think and act are only pretexts which are put forward when the motive that is really operative is not able to become conscious. The gaps in our line of argument caused by the missing out of the reason which cannot become conscious is filled by 'rationalization'—by the rationalized argument. The process is similar to that of secondary dream-elaboration, by means of which undesired gaps in the dream-material are filled in, except that the demands of the waking ego in rationalizing are higher than those of the sleeping ego in dreaming. These rationalized arguments which are put forward, have often been hastily improvised. One can see this from the fact that they are often insufficient, or wrong, or even senseless. And when one considers how they have come into being, this is quite understandable. However, the concept of rationalization characterizes a mechanism of thought, and is not concerned with the value of the results. At times it is possible to rationalize correctly, that is, to put forward in place of the motivating argument another one which is capable of becoming conscious and which is at the same time adequate. The business of psycho-analysis is not so much to assess the correctness of a line of thought as to analyse the mechanism which has given rise to it.

In short, the concept of rationalization belongs to the psychology of thought, and not to logic. And the subject-matter of the psychology of thought is, to put it roughly, to discover the causal laws which determine the formation of conscious and unconscious trains of ideas which are expressed as 'thoughts,' and to explain those 'thoughts' as symptoms of the total context of the mind. To weigh their value as symbols in the apparatus of our language—to judge them from the point of view of logic—is not the task of the psychology of thought, or of psychology at all. One could, after all, consider a line of argument from the point of view of truth and correct reasoning even if it had been printed in letters which had fallen in the right order from the sky and nobody knew if a 'mind' had been at work in its production or not. In such a case there would be nothing left for the psychologists of thought to do, whereas the logicians could proceed with their usual work upon it.

If, therefore, one keeps those aspects of the problem which are



concerned with thought-psychology apart from those which are concerned with logic, the epistemological criticisms with which we began these remarks fall to the ground. In so far as the analyst analyses arguments, he reserves his opinion as to their correctness or incorrectness ; if, and in so far as, he undertakes to judge their correctness or incorrectness he uses the criteria of truth which are usual in all sciences. Whether the patient, in the course of his rationalizations about people and things belonging to the external world, has made right or wrong judgements analyst and patient can only decide by turning to the science that applies to the subject-matter in question. It is only when the patient brings rationalized arguments to bear on psychological facts that he finds both the psychologist of thought and the expert on the subject he is arguing about united in the person of the analyst who sits behind him.

I should like to end my short remarks by saying that I can hardly imagine how a man can possess that quality of self-critical integrity which is, I think, what every scientist demands of himself as a matter of professional ethics, unless he is able readily to see through his own rationalizations. Ernest Jones has given us the concept which makes it possible to formulate this moral demand more exactly ; and the psycho-analytical method has given us the means of satisfying that demand.



## A SPECIAL MECHANISM IN A SCHIZOID BOY

BY

SUSAN ISAACS

In his comprehensive paper on 'The Theory of Symbolism',<sup>1</sup> Ernest Jones referred to the relation between true symbolism and other forms of indirect representation such as the metaphor. In this connection I wish to offer here a brief description of a special mechanism occurring in the analysis of a schizoid boy of fifteen and a half years of age. I hope to expand this account at some future date, and to go more fully into the various problems of the nature and function of symbolism with which it is obviously linked.<sup>2</sup> In this note I am concerned only incidentally with these more general issues. My purpose is to describe the special mechanism observed, of *the acting out of a metaphor*.

The patient has been in analysis a few months. He has acute hypochondriacal symptoms. His actions are often 'queer' and apparently meaningless.

One day he told me that he had been trying to make a parachute out of an old umbrella, and that, if he succeeded, his intention was to take it to the top floor of the house, attach to it a basket containing the cat, of whom he was very fond, and let the basket down from the window by means of the parachute. (He did not succeed, but spent some days on the attempt.)

The meaning of this aim and action became clear only slowly. I will not detail the steps by which we arrived at it, but give its significance as uncovered after about a month of further analysis.

The boy's parents were both of advanced political views, 'bohemian' in their sexual morality and general ways of life. They had lived apart for several years and were now divorced. The mother was happily

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<sup>1</sup> *British Journal of Psychology*, Vol. IX, 1918; reprinted in *Papers on Psycho-Analysis*.

<sup>2</sup> Of relevant literature other than Ernest Jones's paper and the seventh section of Freud's 'The Unconscious' (*Collected Papers*, Vol. IV, especially p. 130), I would refer in particular to Melanie Klein, 'The Importance of Symbol-Formation in the Development of the Ego', this *JOURNAL*, Vol. XI, 1930, and to Ella Sharpe, 'Psycho-Physical Problems Revealed in Language', (read before the Fifteenth International Psycho-Analytical Congress, Paris, 1938).



re-married. The boy had been brought up since he was about seven years of age by the mother's sister and parents, of a rigidly Non-conformist religion and provincial morality. The mother had herself rejected all the ways of life of her own parents, and had been loud in her criticism of all her family. She was now wishing to take her son to live with her again, and sought to detach his feelings from his grandparents and his aunt by severe criticism of their views and standards, and of their competence to educate him.

The family had been very devoted to the boy, and in earlier years he had been very attached to them. But his mother's criticism of them and the prospect of going to share her more liberal home had fostered an extreme contempt for the family in general and for his grandmother in particular. The conflict of loyalties was terrible, and made him extremely frightened of those with whom he still lived.

At the time of the parachute incident, his mother was still trying, as she had been for some months and even years, to compel the boy himself to choose between her and his grandmother, throwing upon him the responsibility for leaving the family to whom he owed so much. It became clear that he was incapable of such a choice; and a little later on the mother took upon herself this responsibility for the rejection of the grandparents and fetched the boy to her own home. After a stormy period of re-adjustment, a new phase of life began, in which there was more external satisfaction.

Until she took this decisive step, however, the mother was expecting the boy to reject his grandmother. This was felt by him as a demand that he should 'throw her out', and in his intention to put the cat out of the window, but in a basket attached to the parachute, he was dramatizing this demand that he should 'throw the grandmother out', but at the same time was trying to 'let her down gently'. That is to say, in the parachute incident he was *acting out a metaphor*.

Since then, he has acted out, or sometimes expressed in his associations, many other metaphors, such as 'giving him a smack in the face', 'making him feel small', etc., etc., so that I have learnt to recognize this special mechanism and to decode the metaphor more quickly.<sup>3</sup>

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<sup>3</sup> In a private communication Dr. Clifford W. Scott has told me that he, too, has found that the behaviour of the schizophrenic is very often to be understood as the acting out of significant words or a metaphor. 'It is always a charade, never a play.'



Other metaphors are expressed in the boy's hypochondriacal symptoms, such as a blurred vision, which represents the feeling that his parents 'cannot see straight'. Many others are acted out on the couch by small movements of the fingers, hands or feet. For example, one day he had been making certain graceful pulling movements with his right hand and fingers which I had not yet understood, but having certain other material to go upon in his associations I said that he seemed to be feeling that he was being moved about by other people, his parents and family in the external world, without regard to his own wishes, and that this was connected with his unconscious phantasy that he was being moved about by people stronger than himself inside him. (We had already had plenty of material showing the phantasy of people inside him.) He replied: 'Yes, I was just thinking that the movements I was making with my hand now were like those you make when you play with puppets.' That is to say, he was feeling himself to be a puppet in the hands of his parents, both his external parents and the phantasied parents in his internal world; and he had to deal with the tremendous anxiety aroused by this situation of complete helplessness against forces within and without himself by the movements of his hand, which reversed the situation and represented him as being in control of other people and them as the puppets.

For some nights previously to his mother's actually taking him away from his grandmother's house, the boy had had attacks of extremely acute anxiety and restlessness, which he tried to deal with by dramatic and not very serious suicidal attempts of various kinds. At one moment when his suggested removal to his mother's was being discussed at home he burst out: 'I shall be dead before then.' It became clear later on in the analysis that these dramatically staged pictures of a wish to kill himself were from the unconscious point of view representations of his feeling that his grandmother would die if he left her. In metaphorical terms, that she 'could not live without him'. In unconscious phantasy he was trying to kill her, not himself. The last two nights before leaving his grandmother's, he was quite unable to rest in his own room, but carried his bed first downstairs to the sitting room, and lastly out into the garden: that is to say, he 'threw himself out' in a literal bodily way; but unconsciously he was throwing his grandmother out as his mother wished him to do, as well as representing his fear that his grandmother would throw him out because he was siding with his mother against her. He feared, indeed,



that he would actually throw himself out of the window in a real attempt at suicide, and wanted to let everyone know this.

In the parachute incident he was trying to let her down gently. This had, however, proved impossible, and so the urgent need had arisen and become stronger and stronger to get rid of the grandmother finally and completely by going to the mother; and yet he could not bring himself to take this step. He represented the urgency of his wish to leave by carrying his bed out of doors, but was incapable of taking the final step until his mother took it for him.

The final step was, for his phantasy, that he and his grandmother would each throw the other out. The external reality of his leaving the grandmother represented the unconscious phantasy of his literally throwing his grandmother out of himself—a sort of vomiting. (There had been many important associations about vomiting earlier, as well as about such things as spilling the plate of porridge and milk which his grandmother had given him, etc., etc.)

And the purpose of this was not only to get rid of the 'bad' destroyed grandmother, but also to save the 'good' one—to save her from his mother's biting and poisonous words, as well as from his own greed and hatred. The urgency of his need to leave, to throw himself out of the house, also arose in part from his wish to save his grandmother from himself and his mother, to go whilst she was still alive.

When I decode the boy's action or hypochondriacal symptom and put the reconstructed metaphor into words, it always receives his assent and usually the comment 'of course'. Yet in its acted-out version, the metaphor is free from affect. Feeling is only recovered when the metaphor is stated in words.

The analysis proper, the discovery of the unconscious meaning of the metaphor, alike in its acted-out and its verbal form, has then to begin. We go back to the concrete, literal, sensorial images represented in action; but we now carry with us: (a) their appropriate affect, and (b) their correct object-relations. E.g. the cat stands for the grandmother, the words 'throw her out' for his mother's demand that he should throw his grandmother out of his affections. In his unconscious phantasy, his mother poisons his grandmother inside him, and he must vomit her up as a destroyed love object.

His mother's criticism had literally and concretely poisoned the boy's mind against her; in unconscious phantasy, had poisoned the grandmother herself inside him; the urge to throw her out arose primarily from the feeling that she was now inside him, a completely



ruined and destroyed object ; and he must vomit her up in self-preservation. To throw her out of the window, thus, stood for throwing her out of his own body.

To illustrate the metaphorical significance of the hypochondriacal symptoms : one recurrent trouble is a blurred vision, having no basis in physical reality. The boy feels that he sees everything crooked. He says *he* wants never to have to wear spectacles, but goes on : ' Both Daddy and Mummy wear them ; ' that is to say : ' I don't want to be like my parents who " cannot see straight " . ' The external pre-conscious reference is to their sexual morality, to their having given him full sexual knowledge far too early in his education, with all the intense emotional strain which this brought to him. The unconscious meaning of the metaphor is : ' My parents inside me are in a terrible sexual intercourse, in which each destroys the other's genitals ; ' and ultimately : ' I cannot bear them to be in sexual intercourse without wanting to make them hurt and destroy each other. Their intercourse is destructive because it stirs up destructive feelings in me. I don't want them to have intercourse. ' But we were only able to reach the full meaning of the Œdipus conflict, from the hypochondriacal eye symptom, through the first step of reconstructing the metaphor : ' My parents cannot see straight. '

As with schizophrenics in general, in this patient words have a far greater conscious significance as things in themselves than with neurotic patients. Words are indeed felt to be far more real than actions. And their affective value cannot be over-rated. With this boy, it is the metaphor *in its verbal form* which is the vehicle of affect.

Early in the analysis, the boy had wished to tell me certain criticisms of a girl of whom he had been extremely fond, but who had become entirely spoilt in his mind, not by anything which he had seen of her, but by his being *told* by another boy of sexual things which he, in turn, had been told that she had done. My patient was, however, completely unable to mention her name to me or to speak of her. He had to ask his father to tell me what he wanted me to know, since his father already knew it ; and even then he could only speak of it to me when I myself first used her name and mentioned what I had been told, together with my interpretation of his feelings and phantasies about it. I had to be the one first to have her name in my mouth and criticize her, and his father had to be the one to destroy her in my mind by telling me what he, the boy, had been told about her misdoings. To express criticism of other people to me, e.g. of his parents,



is always to this boy literally and concretely to poison my mind against them, to put poison into my mind—and into them, inside my mind.

The bodily experience of hearing or using words (the breath going in or out, the sound going in or out, the movements and sensations) remains for him an integral part of their reality and their meaning. Words are still felt by this boy, thus, to be the actual words of the people who were first heard to use them. Even in consciousness words are never signs, but always actions and events. In unconscious phantasy they are parts of people's bodies, 'bits' of those who used them; and they are now inside him.

Words are, moreover, as I have said, the carriers of affect, of his feelings about both internal and external objects. And yet, since they can also be used in the metaphorical sense, they serve as an ego-syntonic agency. They seem to be the patient's only hold upon external reality, the link between the internal and external worlds. I surmise that they can serve this function because they can both come in and go out of the body (as breath, as sound). He can hear his own words, as well as those spoken by other people; and they keep their identity whether they are inside or out. They are not changed or destroyed by being taken in or given out, as bodies and bodily substances are. And so they keep things whole. They link together the inside and the outside; and are clung to desperately, as a defence against all the terrifying pre-verbal phantasies connected with oral and anal wishes and experiences, in which all loved objects are poisoned or bitten up.

In the metaphor, the boy comes as near as it is possible for him to come to reflective or abstract adjectival judgements about people—himself or his parents. Yet the metaphor cannot be retained as such. It carries too much affect, too intense a conflict of feeling. Hence it is constantly being broken down into its concrete sensorial elements (expressed in meaningless actions, hypochondriacal symptoms, vomiting, defæcating, etc.), divorced from their affects and from their object-relationships. And words are treated as having no meaning but their bodily existence. In his symptoms the boy loses relation to external reality, and concerns himself entirely with his internal reality, with his internal objects and their relations to each other—ultimately, of course, with his sexual parents in the Œdipus conflict *inside him*.

In his acting out of the metaphor, the patient is able to deny all feeling and all *meaning*, whether of his actions or of the words with



which he so much occupies himself. Words and actions alike are by their divorce degraded to mere bodily experiences. Only by bringing words and actions together can the life and meaning of each be restored.

Much of the work of this patient's analysis, thus, proceeds by first reconstructing the metaphor expressed in his behaviour or his symptoms, and so recovering the affect and relation to external reality. This decoding of the acted-out metaphor is an essential step towards the uncovering of the full unconscious symbolism.



# ON THE EXCEPTIONAL POSITION OF THE AUDITORY SPHERE

BY

OTTO ISAKOWER

LIVERPOOL

The course of the following considerations was determined by a suggestion arising from a somewhat remote department of the physiology of the senses. Josef Breuer was the first to put forward the suggestion (in 1874), which was later fully established, that the otolith apparatus of the lower animals does not serve the function of hearing, as was formerly supposed, but the perception of the movement and position of the body relative to its environment and orientation in space.<sup>1</sup> Earlier still it had been observed that certain crustaceans, whose otocysts open to the exterior through a crack and contain small foreign bodies as otoliths, lose these together with the shell at every moult, after which they introduce new ones, being quite indifferent to what material is offered to them for the purpose. The creatures feel around eagerly on the floor of the aquarium with their claws and fill the otocysts with grains of sand or the like, which they have picked up.

With the intention of settling the question, beyond all dispute, of the function of these organs, the otocysts (or statocysts as they have been more correctly named since then), the Viennese physiologist, A. Kreidl, following a suggestion of Exner, induced the crustacean *Palæmon* to take up iron-dust into its statocysts.<sup>2</sup> So statoliths were formed which were subject to magnetic influence. When he approached such an animal with a strong electro-magnet from the dorsal side, the statoliths were lifted up on to the dorsal wall of the statocysts, thereby taking up the same position as they would occupy in a normal animal which had fallen on its back. Just like such an animal, accordingly, the crustacean which had been magnetised turned itself over and remained lying on its back, for when it was in

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<sup>1</sup> Breuer, 'Ueber die Funktion der Bogengänge des Ohrlabyrinthes', *Medizinisches Jahrbuch*, 1874, S. 44.

<sup>2</sup> Kreidl, 'Weitere Beiträge zur Physiologie des Ohrlabyrinthes (II. Mittheilung), Versuche an Krebsen', *Sitzungsber d. Kais. Akad. d. Wiss. in Wien, Mathem.-natur. Classe*, Bd. CII.



this position the statoliths occupied their normal place. About the same time it was established that crustaceans possess no means whatever of hearing.

These famous experiments in the physiology of the senses at first sight seemed to be a model specially suitable for didactic purposes, without further significance, in representing plastically the processes concerned in primary identification and certain characteristics of the relations between ego and external world in the early stages of mental development which are difficult to represent. As we said, these crustaceans strive eagerly after moulting to fill their statocysts as quickly as possible with suitable material; a small piece of the external world is made into an integral part of an organ, a part which is essential for the purpose of completing a predetermined structure, of establishing it and making it able to function. A piece of the external world, without undergoing any elaboration to change it, has to be incorporated into a special place in the organism in order that an apparatus of very central importance for the orientation of the individual in the world, and for the regulation of relationships with it, may become capable of fulfilling its task. Any material whatever is accepted by the animal provided that it fulfils certain conditions of form and consistency. Housed within the statocysts it now represents—*pars pro toto*—the external world inside the organism and helps it to regulate the relations of the individual to the whole of the rest of the external world (or at least to an important aspect of it). By means of a cunning modification the scientist's experiment accentuated in particular one factor in this natural situation, that of energy: should the piece of the external world which is picked up (introjected) be of a special kind, namely magnetizable, the animal thereby remains 'at the call' of the magnet, if one may say so, until its next moult.

But, unperceived by us, the whole process, which was approached at first without any ulterior intention, seized our interest much more intensively; and the modest rôle of a superficial aid in the representation of completely disparate processes no longer seemed adequate for it, it seemed rather to demand a detailed comparative consideration. But something more than a chance analogy would be necessary in order to establish such a view. There would have to be a probability of a deeper relationship between the two processes, to serve as a basis for the proposed comparison. But this basis is in fact given by the circumstance that the organs of the sense of equilibrium and orientation in space, which are included in the vestibular apparatus, and the organ



of auditory perception are very closely associated with each other in that (1) they originate both phylogenetically and embryologically in a single tissue and (2) they remain anatomically and functionally closely bound together—the eighth cranial nerve provides for the conveyance of the stimuli from both sensory regions. In order to denote shortly the two regions which are to be compared, we shall speak of them in what follows as ‘the sphere of the spatial sense’ and ‘the auditory sphere’. We shall use the term ‘sphere’ to include not only the whole apparatus in all its portions from the periphery to the centre, but also the part of the psychical structure to which the actual sensory apparatus is subordinated and which provides for the further elaboration of incoming perceptions. To enter into problems of a physiological and a psychological nature connected with the sphere of the spatial sense is not necessary for the present discussion. With regard to the function of hearing a recent and comprehensive study of this sphere by W. Börnstein<sup>3</sup> has led to the conclusion that in the case of human beings the physiological conditions in the primary auditory centre indicate that the hearing of ordered noises, particularly therefore those of speech, is of incomparably greater biological importance than the other developmental tendency, that, namely, towards hearing the pitch of notes and music. One fully agrees with this view when one considers the rôle of speech in reference to both the building up of the ego, and the comprehension and ordering of impressions of the surrounding world, and as a means of understanding between men. In the present-day theory of the ontogenetic development of speech the supposition is fairly well established that the acquisition of speech depends on the condition that the material of speech should be presented to the child from the outside and that no really creative factor is operative in the acquisition of speech by the individual. And therefore, in the case of a child with its sensory apparatus intact, the supply of very specific material to the auditory sphere is a very important and essential condition for the establishing of the ability to speak. We are not going to deal here with all the difficult and disputed fundamental questions of the psychology of speech, but shall be satisfied with the statement that what we are concerned with here is the assimilation and correct combination of verbal images, the development of a grammatical and logical order in the processes of speech and thought—all of which for our present purpose may be

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<sup>3</sup> *Der Aufbau der Funktionen in der Hörsphäre*, 1930.



attributed to the auditory sphere. Accordingly we have to ascribe to the auditory sphere a part which has hardly anything to do with the function of hearing in the narrow sense, but which we must regard as having arisen in connection with the acoustic sensory apparatus. The function of this part is the development of a grammatical, syntactic and logical framework for the function of speech and thought and for the development of the function of judgement. R. Woltereck writes <sup>4</sup>: 'Apart from the fact that speech is essential as a means of communicating experiences, it has indeed a directive function for our cognition in two senses. It furthers and directs our cognitive activities because it contains within its verbal structures and forms of sentences a precipitate of the collective forms of thought of mankind which everyone of us employs and elaborates further. And it exercises a very important influence by means of inhibitions upon the deeper probing of our cognitive activities, since it fastens our thinking to precisely these forms of sentences and transmitted forms of words.'

It follows from this that the auditory sphere is one of the most important apparatuses for the regulation of relations with the environment and with the introjected representations of interests in that environment, an arrangement absolutely specific for the human species. Research on the brain also seems to furnish indirect evidence of this, since it establishes that it is in the region of the radiations of the auditory tract that the cyto-architectonic formation of the cerebral cortex shows the relatively greatest difference between men and the anthropoids in the building-up of the layers.

There is much to be said for the view that at earlier stages of development a close connection exists between the linguistic and logical concept 'right—wrong' ('correct—incorrect') on the one hand and the moral concept 'right—wrong' ('good—bad') on the other. Certainly this fact has a great deal to do with the way in which education in speech takes place, but even so it is worthy of note that the linguistic branch of education cannot be thought of as isolated from the rest.

Moreover it is probable that the function of judgement in its beginnings is to be conceived of as a single unit in judging processes both in the external world and in the internal world, and that consequently these two differently directed parts of the function are not easy to separate. The problem of reality-testing is closely bound up

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<sup>4</sup> *Grundzüge einer allgemeinen Biologie*, 1932.



with this. Freud, as we know, first ascribed reality-testing to the super-ego, but later (in *The Ego and the Id*) decided upon a correction, assigning it to the ego as its specific task, in accordance with the relations of the ego to the world of perception. On the other hand there is good reason to ascribe to the super-ego function something of the character of perception, when one considers that the ego can take itself as an object, in self-observation, which is indisputably a super-ego function. It is this which seems to speak for the view that at least in an early stage in the development of the ego the function of reality-testing can hardly be separated off sharply from the function which has to judge the individual's own methods of behaviour as 'correct or incorrect' and 'right or wrong'.

Let us return to our starting-point, the comparison of the crustaceans and their static organ with the process of introjection in man. By using this phylogenetic example would it not be possible to obtain more than a metaphorical representation of primary incorporation and its results?

We believe that we have proved that it is probable that in the psychical structure also there are indications that the auditory sphere occupies an exceptional position, which makes it of much greater importance in its central portions than the corresponding portions of the other sensory spheres. On the other hand the question for us here is to show that the auditory sphere, as the phylogenetic descendant of the static apparatus, still has quite clearly very much in common with the organ of equilibrium,<sup>5</sup> provided one accepts it as true that the super-ego functions like a psychical organ of equilibrium, and that differentiation of speech is indispensably necessary for this. In order that the child shall handle speech as a tool, and as a result of doing so, the auditory sphere itself is fundamentally altered in a sense full of potentialities.

The comparative view seems to make possible a clearer working out of an ego-apparatus than has been the case previously; and in particular an ego-apparatus which renders possible the mechanism of primary identification and represents the predetermined structure, which has itself to be enriched and further built up with the help of the components (objects) that are to be introjected. If we may recall once more the facts concerning the crustaceans, it looks exactly as though in both cases—in the integration of the static organ in the

<sup>5</sup> Cf. Schilder, 'Ueber Gleichgewichtsstörungen', *Jahrbuch für Psychiatrie*, Bd. 45, 1927.



crustacean and in the development of the ego-apparatus in man (i.e. the human auditory sphere)—one and the same fundamental idea has been applied for the solution of a problem of organization, which in the second case however is pregnant with results of incomparably greater importance.

It is self-evident that experiences and impressions of the environment are necessary in order that a super-ego may be built up. It is just as self-evident that these experiences and impressions are acquired by way of sense perception. But can one imagine that purely optical sense-impressions, for example, by themselves and without showing any linguistically ordered structure, could possibly lead to the building up of a function of logical or ethical judgement? Without further discussion this question can certainly be answered in the negative. But the claim of the auditory sphere to the primary place in the building up of the super-ego would be thereby established.

Nothing now stands in the way of the idea that this capacity for developing a super-ego, which is peculiar to man, must have been laid down in advance in what one might call the ground-plan of the psychical structure, and, indeed, this finds support in all that we believe we know about the earliest stage of man's psychical development. And if there is any sense at all in speaking of preliminary stages of super-ego formation, one would most easily imagine such a thing in the form of a specially modified region of the auditory sphere. Further, one would presumably have to picture this modification as being built up in temporally successive stages. The first of these stages would then consist, perhaps, in the biologically determined inborn differentiation of the organic substratum, that is to say of a particular region of the cerebral cortex, which differentiation alone makes possible the acquisition of speech; the attainment of the next stage would be dependent upon speech having in fact been placed at the disposal of this substratum by the environment. For we know that the child is not capable by itself of constructing new words, to say nothing of a language, but that he has to build up his speech from linguistic material which is presented to him ready made. But this very fact sets in motion the process of developing an observing and criticizing institution.

The following formula then suggests itself: just as the nucleus of the ego is the body-ego,<sup>6</sup> so the human auditory sphere, as modified

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<sup>6</sup> Freud, *The Ego and the Id*, p. 31.



in the direction of a capacity for language, is to be regarded as the nucleus of the super-ego.

Just as the statement 'the nucleus of the ego is the body-ego' has not merely a genetic significance, but is also fully valid for the finished structure, so the assertion 'the nucleus of the super-ego is the auditory sphere' must also be confirmed in the fact that this aspect of the super-ego comes to light in certain circumstances. As the classical evidence for this we may bring forward the phenomenon which Freud referred to as the one which first suggested the conception of the super-ego to him: namely, delusions of observation. An essential element in these are alarming experiences in the realm of hearing: a keen awareness of cadences in the speech of the people around, an importing of deeper meaning into what is heard, falsifications of auditory perception and finally auditory hallucinations. The hallucinatory voices serve the purpose, among other things, of warning the sick person of the danger of being overpowered by the id. When the integrity of the personality is threatened from within, the super-ego reveals both its history and its genesis, that is, it reveals not only the way in which its nucleus arose but also of what its nucleus consists.

A somewhat different picture, but the same thing fundamentally, is well shown in the following single observation in the case of a schizophrenic, in whom an impoverishment and blunting of the inner life dominated the scene. The patient, a man about twenty-six years' old, complained of attacks of physical incapacity to work, so that he had to lay aside whatever he held in his hands, and he also felt a heavy pressure down upon the top of his head. (No epilepsy was present.) At the same time something else always happened which the patient called 'self-talking' [*Selbstredung*]; he was obliged to repeat aloud over and over: 'I am Max Koch from Alland' (which in fact he was). In a critical situation, when a threatened disruption of the ego was, as it were, acutely experienced, being condensed into a moment, this ego affirmed its existence by a magic formula, which can easily be understood as a faithful reproduction of what had been instilled into him as a child.

As is well known, the perception by the self of a threatened loss of reality is shown very strikingly in the catastrophe of an epileptic attack. A patient of Kinnear Wilson's described his auditory aura in the words: 'I seem to hear everything that has ever been said to me in all my life.'

The disturbance in the balance of the psychical structure in



situations of sudden danger to life also sometimes affords a deeper insight into the nature of this structure. One may perhaps be permitted to quote a personal reminiscence of Freud's: 'I remember that I have twice felt myself in danger of my life and each time the perception came quite suddenly. In both cases I thought to myself "Now it's all up with you"', and, although my internal speech is as a rule carried on with quite indistinct sound-images and only faint sensations in the lips, yet in the moment of danger I heard these words as though someone were shouting them in my ear and saw them at the same time as though they were printed on a fluttering piece of paper.'<sup>7</sup> The super-ego character of these words is to be remarked, which sound like the pronouncement of judgement by a powerful authority, while at the same time the verdict can be read. We must also observe the displacement outwards in double form (in speech and writing). One could also conceive of the externalization as being the result of a narrowing of the personality to the body-ego as a consequence of the shock.

From this point an approach is also opened up, perhaps, to deeper research into the position of the auditory sphere in dreams, which is still so problematical and which, since the elaboration of the theory of agrammatism, has met with renewed and growing interest in the investigation of aphasia as well as elsewhere. It should only be briefly pointed out here that the fact discovered by Freud that the dream is not in a position (or is only in an inadequate one) to give expression to grammatical and logical connections (naturally this does not refer to speeches inside dreams) finds a surprisingly exact analogy in certain kinds of aphasic agrammatisms.

A further contribution to the subject is supplied by the observation that linguistic phenomena connected with going to sleep often show an almost exaggeratedly elaborate grammatical and syntactic structure. The speech flows along in complex phrases, with strongly accentuated sentences of animated and changing form; but it loses its clarity more and more as it proceeds, and at length there remains only an impression of lively and complicated periods without any verbal elements which can be clearly grasped (and this is perhaps one of the main reasons why the periods themselves are so difficult, indeed almost completely impossible, to grasp) until at last the periods gradually pass over into a scarcely articulated murmur, which stops, starts again,

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<sup>7</sup> Freud, *Zur Auffassung der Aphasien*, Vienna, 1891.



and finally passes over into sleep. One might say that going to sleep itself is a case of 'crossing the frontiers of speech': the ego behaves just as though, in obedience to an order from the customs officials, it was obliged to leave behind its linguistic belongings. Although this flaring-up of linguistic activity (partly of an auditory and partly of a motor kind) appears at first sight like an enrichment, it nevertheless ends in an impoverishment; it gives the impression of a copious inflow and is nevertheless a flowing out, a bright flickering-up of the auditory sphere before it is completely extinguished. Perhaps all this is only another aspect of the fact that before the 'censor', whom we know so well, withdraws, he seizes the opportunity of making his voice heard once more very forcibly. What we see here is not so much *content* that is characteristic of the super-ego but almost exclusively the tone and shape of a well-organized grammatical structure, which is the feature which we believe should be ascribed to the super-ego.

At the moment of waking up, the linguistic auditory phenomena present themselves in a much briefer and more succinct form. It often happens in this way that a word or short sentence still reaches a dreamer, while he is waking up, like a call, and this call has very often a super-ego tinge, sometimes threatening, sometimes criticizing—words for which the dreamer, as he wakes up, feels an inexplicable respect, although they are very often a quite unintelligible jargon.

It would be a valuable support to what has been brought forward here, if we could show that what we have said is nothing more than a further elaboration of what Freud meant when he replaced his first graphic representation of the structure of the mind by another. In the first of these two sketches, made in 1923, in *The Ego and the Id* (p. 29), the ego has on one side 'an auditory lobe' ['*Hörkappe*', literally, 'cap of hearing'] 'worn crooked'. In the repetition of this sketch, which appeared in 1933 in his *New Introductory Lectures* (p. 105) and which in other respects is practically unaltered, this 'auditory lobe' is no longer to be seen. The corresponding position is now occupied by the super-ego.



## OPEN LETTER TO DR. ERNEST JONES

BY

SMITH ELY JELLIFFE

NEW YORK

Doctor Jones :

We come with our laurels of distinction. In honouring you we honour ourselves. As we read through the successive editions of your *Papers on Psycho-Analysis*, with their carefully chosen and merited re-emphases on certain aspects of this discipline, we admire the felicity and grace of your expression which enhances the solid merits of the scientific exposition. You have captured in no small measure the art of statement of your master and we have all profited thereby.

Not only in your many scattered papers have you shown this special gift, but more specially in the 'slow moving picture of the developments of psycho-analysis', as you have so aptly noted, has your turn of phrase held and enlightened us.

Rich as have been these gifts we are further in your debt largely because of the good fortune that you should have been with us when the more active planting of psycho-analytic activities took place.

While Dr. A. A. Brill was in Burghölzli (1907-1908) and grazing in the first extra-Viennese oasis with Jung, Abraham, Eitingon and Bleuler, we have heard it said you made with him your first pilgrimage to Vienna. When the following year you came to Toronto and joined in the Stanley Hall centennial, a third nest of a psycho-analytic brooding saw you in its incubation.

You were an active agent in the formation of the American Psycho-analytic Association in Washington in May, 1911, and served as Secretary for three years, when the office was handed over to a fellow-Canadian, John McCurdy.

This is all but slightly important history, but it does serve to locate you in time and space as well as in the 'hearts of your countrymen'. For in a unique way, whether you are especially proud of it or not, you are one of us. We are proud of you and of your influence in the early building up of psycho-analysis in the United States. When in 1913 you left us, we were standing alone with both a national and a local society, with an independent press which has contributed many psycho-analytic works in monograph form and a quarterly periodical, *The Psychoanalytic Review* (December, 1913), which might have



profited through your skilful hands but for anti-cathexes then *in nuce*.

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The infiltration of psycho-analytic conceptions into official psychiatry took place slowly and irregularly over a large area and not without enormous opposition from those in high places. Freud, to quote Hebbel, 'had disturbed the sleep of the world'. Lack of space forces a distorting simplicity in our discussion of the history of this situation, partly covered by Freud's own 'History of the Psycho-Analytic Movement' <sup>1</sup> (1914). It has been shown how the psycho-analytic conceptions grew up chiefly from a neurotic-psychoneurotic soil.<sup>2</sup> The material for direct application to the major psychoses was already there. The *Interpretation of Dreams* had the whole story worked out in detail and applications of the principles were being made everywhere. As already noted in Zurich, a special 'hot frame' was operating. Drs. Eitingon, Abraham, Jung, Brill, and Bleuler were bringing psycho-analysis into immediate contact with official psychiatry and the mental hospital. Here, as Freud expresses it, 'the situation changed at one stroke.' He is speaking of the general psycho-analytic movement. We are here applying it to its 'psychiatric' significance, using psychiatric in its older, restricted, and isolated sense. At about this time the *Jahrbuch für Psychoanalyse* was founded (1909) and edited by Jung. At this time C. G. Jung's work on dementia præcox was of psychiatric importance and Dr. Brill had it early in translation,<sup>3</sup> and E. Bleuler's on schizophrenia <sup>4</sup> completed this particular link in the psycho-analytic-psychiatric chain.

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Zurich for a time was the special psycho-analytic-psychiatric centre outside of Vienna. Eitingon and Abraham returned to Berlin, Brill to New York, you went to Toronto, and Jung and Bleuler for a time carried on in Zurich. Freud's visit (1909) to Worcester, Massachusetts, and his championing by G. Stanley Hall, gave a special fillip to America, which was already being stirred by you, by Brill, White, Jelliffe, Oberndorf, and others, and later by Putnam after he met Freud at Worcester.

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<sup>1</sup> *Collected Papers*, Vol. I, cf. p. 309; Rank and Sachs, *Significance of Psycho-Analysis for the Mental Sciences*, 1916.

<sup>2</sup> Hitschmann, *Freud's Theories of the Neuroses*, 1913.

<sup>3</sup> *The Psychology of Dementia Præcox*, 1909.

<sup>4</sup> *Schizophrenie*, 1911.



Again lack of space forbids picturing the extension of psycho-analytic psychiatry throughout Europe. In spite of some opposition from official psychiatry, it exerted its influence everywhere, and, although the professors with occasional exceptions still frowned upon it, the old-fashioned psychiatry was doomed.

The picture of psycho-analytic psychiatry in the United States is worth a few notes, for here it has spread more widely and we believe more deeply than anywhere else. In all of this your influence has been of paramount significance. William James was alert to Freud's 1893 studies, but would have none of them. Of a similar attitude were his pupil, Southard, and his colleague, Morton Prince, a stout devotee of Janet. G. Stanley Hall was catholic. J. J. Putnam was the first official 'authority' in neurology to come over. The New York Psychoanalytic Society (1910) and the American Psychoanalytic Association (1911), with Brill as leader, were the first to organize. From the very start psycho-analysis in America has been pre-eminently a medical and even more significantly a psychiatric discipline. Furthermore, let us quote you <sup>5</sup> speaking at the opening of the New York Psychiatric Institute (1929)—an enterprise unique in the history of psychiatry—where you say that America has created a new profession of psychiatry such as exists nowhere else in the world. Here the broadest interests in the mental hygiene movement are of psycho-analytic-psychiatric forging. Certain superlative natures have been happy to view this enormous extension as an expression of American superficiality. It takes a hot fire to have such widespread irradiations. This is as elementary in psychiatry as it is in physics. For some of the aspects of this universal entrance of psycho-analytic psychiatry into every avenue of activity here in the United States I may point to your essay just cited. I would also call attention to the opinion of a cultivated outsider, Thomas Mann,<sup>6</sup> who in the same year (1929) contributed an essay on 'Freud's Position in the Modern Mental Sciences'.

One more important progressive thrust of psycho-analytic psychiatry should be mentioned. It lies close to and is included in the pedagogic discipline and is of cardinal significance for education, for penology, for the very foundations of human social development. The dis-

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<sup>5</sup> *Papers on Psycho-Analysis*, Fourth Edition, p. 487.

<sup>6</sup> 'Die Stellung Freuds in der modernen Geistesgeschichte', *Psycho-analytische Bewegung*, Bd. I, 1929.



honesties and resistances to understanding of the primary compelling motives of infantile and childhood behaviour are being looked at honestly and with increasing objectivity, and early evidences of fixation and distortions are being evaluated and remedied.

Orthopsychiatry thus enters into every activity of the nursery, the kindergarten, the school, the gang, the labour aggregates, college, and later social life of every type and aspect. Let us hope for its betterment as the 'mills of God grind slowly'.

Here again your influence has been progressive. A noted entomologist once shewed the writer an insect in some fossil amber. It was three hundred million years old, he said, and somewhat quizzically added that its exact representation lives to-day. I had been expressing some pink, if not rosy, hopes for the advance of civilization through psycho-analysis. Bergson's<sup>7</sup> remark concerning the binding and limiting forces of insect organization as compared with the mammalian liberation was his rejoinder.

At all events we left it on the lap of the gods, thankful that we were not insects and that there was such a liberator as Freud and such a helpful collaborator as Ernest Jones.

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<sup>7</sup> Bergson, *Creative Evolution*, trans. A. Mitchell, 1911.



## A CONTRIBUTION TO THE UNDERSTANDING OF SCHIZOPHRENIC SPEECH

BY  
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THE HAGUE

In psychopathology there are two conditions in which words have assumed a leading rôle : in those cases of schizophrenia where speech has become affected by the disease and in mania.

One can make a definite assertion that the central problem of the disease in both cases is to be approached through the investigation of the special significance of words. It is therefore tempting to compare speech in the two conditions, but that would go beyond the limits of this paper. I shall therefore restrict myself to a consideration of schizophrenic speech-disorders.

For this purpose it is best, if possible, to deal with the first modifications of schizophrenic speech, because one often notices that they very soon undergo secondary elaboration, which to a certain extent places them outside the range of our understanding.

A twenty-eight-year-old man was very much under the influence of his brother, two years older, and did everything which he told him to do. The patient often experienced anxiety if the brother came near him. Finally the brother thought out a complicated fraud. Our patient was to submit himself to a medical examination for the purpose of taking out a workman's compensation insurance, and one of them—it has never been clear to me which—would then cut off his finger, in some distant town, so that he could collect a sum of money. It did not proceed so far, because anxiety caused the patient to draw back. Some time after these events, five months before he was brought into the institution, he had an attack of noises in the ear. He was taken to the ear-clinic and fourteen days later had another similar attack. These attacks caused him to think about certain things which he told me about later on. He noticed how people avoided him, how children ridiculed him, and how people tapped on the windows of his house, etc. His brother was behind it all and was setting these people against him. The brother had a congenital malformation of the penis, which had been cured two years previously by an operation. He could not have intercourse with women before that, although he was much in their company. The brother's abnormality was described by the patient



as the actual cause of his own troubles, because this brother had teased him all through his life, and it now became clear to him that his brother had done this out of envy of his own healthy penis.

In addition to this, the brother now began to try to make the patient's name his own in order to bring about an exchange of identity. People would then think that it was the patient who had possessed an abnormal genital and had had relations with his mother, the very thing of which his father had accused his brother, who had slept beside the mother as a child. At that time, when the brother was nine years old, a doctor had said that the abnormality could be corrected later.

The patient's anxiety increased more and more, and he thought that he would be brought to death through the machinations of his brother and had vague ideas that the world was coming to an end. This period, which lasted altogether more than five months and during which the anxiety increased continually, gave place to a quieter phase, slightly inclined to mania, in which he one day told me the following: 'Dr. van Kerkhof is the syphilis doctor. He cures people he wishes to cure, but he brings others to the "*Kerkhof*" [cemetery]. So people are stupid to go to him.' Dr. van Kerkhof was in fact at that time a well-known dermatologist and a lecturer at the University of Leyden.

Another of the patient's remarks referred to Dutch history: 'A hundred years before Christ the heathen came to our country; their leader was Claudius Civilis. The name of their leader gave them their distinguishing characteristic: they had syphilis.'

A favourite operetta star in Holland at that time was called Marga Graf. It was on account of this name, the patient asserted, that this woman had brought to the '*graf*' [grave] so many of the men who used to be present at her performances. One could multiply such examples.

Let us consider these schizophrenic utterances a little more closely. In the first part of the paper I shall make use of Freud's elucidations.<sup>1</sup>

In the example of Dr. van Kerkhof a quality was attributed to him which had nothing whatever to do with his real personality but related to his name. The word was completely separated from the idea of his personality. In general, the idea of a person consists not only of the picture of him which we have in the Pcs. but also of ideas which are present in the Ucs. For the idea of a person is certainly

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<sup>1</sup> 'The Unconscious', Section 7, *Collected Papers*, Vol. IV, p. 127.



always bound up with memories relating to other people and in this way there comes to be a connection with objects belonging to our infantile life which have long since been repressed and live on in the Ucs. This whole complex of ideas, the greater part of which is thus to be found in the Ucs., has been called by Freud the 'idea of the thing' or 'concrete idea' in contradistinction to the 'idea of the word' or 'verbal idea'. In normal people the concrete idea becomes conscious if it comes into connection with the verbal idea which belongs to it. We can moreover add that in the utterances of schizophrenics concrete ideas in comparison with verbal ideas play no part. The following question now forces itself upon us: how does it happen that the word acquires such great importance? Or, formulated in economic terms, how has the word acquired such a hypercathexis of energy? To grasp the problem in all its complexity one must add that the word in this case is no longer treated as a word but as an object.

Let us turn back, for a moment, to our patient's various statements. It is clear that they all include a danger situation. In the case of Kerkhof and Marga Graf it was death, and in the third statement it was venereal disease. To analysts it is immediately clear that these dangers were the symbolic expression of castration. For schizophrenics contact with the word, which has become an object, brings with it very great dangers. It is clear that all these schizophrenic hypercathexes of words are connected with one another by themes which are quite unknown in normal life and do not enter consciousness in the waking state. In thinking which is based on reality these different ideas do not coincide at any point at all and therefore it is impossible for them to become connected with one another. Thus the secondary process, which is controlled by the ego, has been lost in the case of schizophrenics and the primary process which operates in the Ucs. has taken its place. This shews how seriously enfeebled the ego becomes in schizophrenia.

The fact of the predominance of the primary process, nevertheless, does not explain in any way the over-importance of words. In his paper on Schreber, Freud put forward the following hypothesis, which is based on the fact that Schreber developed ideas about the end of the world at the outset of his illness. People whom he saw seemed to him like 'men miracled-up, cursory contraptions'. The world, however, was not lost to him for ever; he built himself a new one. It should be mentioned that this new world did not show much similarity with the old one, but was built upon delusional ideas, the material for which



was supplied entirely from his own mind. It therefore seemed plausible to see in the delusion an attempt towards the restitution of the external world which has been lost.

Naturally it is clear that this attempt takes a very peculiar path and that there is never any question of a real restitution. And yet a great advantage is gained in that some order is restored in the disorganized mind and a new equilibrium developed.

Stated as simply as possible, the attempt at restitution consists of two phases. In terms of the old classifications into ego and sexual instincts, the first phase is the withdrawal of the libido from the external world, while the second comprises restitution in the narrower sense.

Let us turn once more to schizophrenic words and repeat that the concrete idea has become completely separated from the verbal idea. It is of importance to find out whether the hypothesis regarding the attempt at restitution, which was put forward for delusional ideas, is also applicable to other schizophrenic manifestations, and therefore to examine words as well in this connection. Freud raised the question why, when contact with the external world is broken, the concrete idea, which remains for the most part in the Ucs., is lost but the word is not sacrificed. One might on the contrary have expected that ideas of the person or thing which persist far into the Ucs. would be able to exert a much greater resistance than verbal ideas. Moreover the word has actually gained in importance through its hypercathexis of energy. Freud solved the contradiction in a surprising way. In the attempt at restitution the lost objects of the external world are not given new life but the word takes the place of the object. The energy which is withdrawn from the concrete idea, when contact with the external world is broken, is used in the restitution to cathect the word. That is the reason why the word is treated as an object. This explanation enables us to understand that schizophrenic words have a delusional character: a conclusion that is hardly to be found anywhere in the literature on the subject and the importance of which cannot be too highly valued.

Let us once more place clearly before us what we have so far discovered. On the one hand any connection with unconscious concrete ideas has been lost. On the other hand the mechanism of the unconscious, the primary process, has assumed control in the Cs. In our example the word has become combined with the thought of castration, which otherwise, in the case of transference neuroses, is always repressed. Freud has never taken up these antitheses, which



are very difficult to reconcile with each other, and I have set myself the task of solving these contradictions.

At the time at which he was writing, Freud was trying to gain new insight into the psychology of the ego and the theory of the instincts and applied the psychotic manifestations which were coming to light only in so far as they could help towards this aim. When his concepts were sufficiently worked out in relation to the neuroses, he turned to the psychoses, applying to them the knowledge he had obtained in the former field. Generally stated: neuroses were described as a conflict between the ego and the id, in which the ego kept the upper hand with the help of the external world. If on the other hand the id was victorious in this conflict, the victory became the occasion for an outbreak of a psychosis. The id then compelled the ego, through which its connections with the external world passed, to break them. After the external world was forsaken, the new external world was created by the id in the attempt at restitution.

This conception has never satisfied me. To mention only one objection, but a weighty one: the id also contains ideas of the external world. If in schizophrenia the external world is lost, we must keep clearly before us that the image of the external world is not thereby *repressed*, because this process could at the most cause a hysterical psychosis. But the ideas of the external world *disappear*—the best explanation for which would be that energetic cathexis is withdrawn from memory traces of the external world. This, therefore, is valid only for the specifically psychotic portion of the mind. The schizophrenic at the same time retains permanently images of the external world, which are not incorporated into his psychosis, or if so only secondarily.

If a psychotic portion of the personality is present, that portion must have lost the external world; and in my opinion such a loss can only occur if the effective ideas of reality have disappeared. If we start from Freud's view that a conflict with the external world is the occasion for its abandonment, that is the point at which our views diverge.

In this paper I shall leave on one side what according to my view gives the drive towards an attempt at restitution, in order not to enter into a completely new field of work, and I want to draw attention to something else.

In various unpublished lectures I have attempted to prove by reference to case-material that if once an impulsion towards an attempt



at restitution exists, the old danger situation must of necessity be mastered once more, the very one which had caused the loss of the external world.

If this mastery were achieved in the same way as in a neurosis in the widest sense of the term, that would mean that the ego would be in a position again to establish fairly normal contact with the external world ; moreover the ego could master the conflict again in a reality sense, to do which it had not the strength before. That would also mean that the secondary process had again taken control and a real restitution would take place. And it could not result in a delusional idea. It is therefore clear that if a delusion is the result, the outcome of the new mastery of the old danger must be a different one and must form a reality of its own.

According to my view the new method of mastering the danger is the main point. It leads to a new definition of delusion, which runs : A delusion is an attempt to master once more the danger which caused the severance of relations with the external world.

The pre-psychotic phase should also be considered, being of great importance, but it cannot be treated within the limits of this paper. It is my opinion that in this phase the ego does not for the most part any longer retain any relations to the external world, of the kind which we know in ordinary neuroses, but has already changed them. To the experienced psychiatrist it is already quite clear at this stage that the outbreak of a psychosis is in all probability at hand. Many psychiatrists at this point speak already of schizophrenic mechanisms. That does not fit in with my view, since the ego still retains some contact with the external world. This last relation with the external world has then to be abandoned owing to some danger, and in doing this the energetic cathexis of the danger situation is withdrawn. It is clear that in the attempt at restitution the secondary process is no longer at the disposal of the ego, which is forced to adhere to the primary process. How the renewed cathexis of the danger situation proceeds in connection with the mastery of that situation has to be considered in each case separately.

Let us return from this discussion, which has been kept as simple as possible, to our subject, schizophrenic words, and try to apply our new theoretical findings to our case. We can trace castration like a red thread running right through the history of this patient.

We may infer that when the patient was a child he had the same wish as his brother : to sleep with his mother. What nevertheless



disturbed him was apparently the thought of his brother's abnormality, of which he already knew (see the statement of the doctor). The period of submissiveness to his brother came to an abrupt end through the fraud which was planned, in which the idea of castration (cutting off the finger) again plays a part. Then the psychosis broke out. According to my view, therefore, this castration-danger was the cause of the rupture of relations with reality.

With regard to the persecutory ideas which appeared after this, the danger of castration through a change of identity is again the central point but is now employed in a delusional way.

In the phase which now follows we again find castration in the schizophrenic word. So it is obvious that in the schizophrenic word also there is an attempt at restitution at work, in the sense that a specific danger is being mastered. The word expresses this danger and operates as a danger signal, against which the patient can easily protect himself by avoiding it.

In all probability the objection will be raised that what has just been mentioned is applicable to some cases only and that often the confusion of speech no longer exhibits any relation to the danger situation. With reference to that, I should like to give some examples here which can throw light on the transition to such forms of confusion of speech.

A schizophrenic patient was continually trying to prevent the loss of his own powers while appropriating the powers of others. To achieve the first he made waving movements with his hands in the direction of his body in order to gather up the precious stuff which was being lost; then at other times he would remain standing for a long time in the place where a person in authority had previously been standing, in order thus to get possession of that person's powers. Out of the many interesting characteristics of his confusion of speech I will pick out one which is in line with these delusions. He only half-pronounced the words which were significant for his schizophrenic speech: 'Dir' for 'Director', 'La' for 'Lady', etc. Here is the same thing once more. He sought to possess powers for himself by means of the part of the word which was not pronounced; in so far as the word represented a person to him, he castrated that person. From this it follows that there was already a mastery of the castration danger inherent in the way in which he pronounced a word.

And now another example, one in which danger is averted by merely proving the fact of one's own existence. A patient called



Henderik Stam saw only himself in the letters I.H.S. in the Catholic church—that is, 'I, H. Stam'. By this means he proved that he existed, that annihilation had not come upon him.

Finally, speech can become more and more confused through continuous new elaborations.

I am of the opinion that by means of the preceding hypothesis I have explained the apparently contradictory fact that concrete ideas are abandoned while at the same time a schizophrenic word becomes connected with ideas which are otherwise unconscious. These new connections are brought into existence by the attempt at restitution; and the idea arrived at is either the danger situation which has been newly cathected by this attempt or it may already signify a mastery of it. Now it has often been mentioned that, in doing this, quite other ideas are employed than those which usually express the situation in reality. It seems to me that the first words chosen to undergo alteration at the beginning of the formation of schizophrenic speech are those which can most easily be brought into relation with the danger-situation—as we saw in the example of Dr. van Kerkhof.

Now in symbols there is of course already an established connection between specific conscious ideas and other forbidden ones. The quality of being forbidden in itself implies the presence of a danger. We might therefore expect that schizophrenic speech would of necessity include various symbols; and this fully corresponds with the actual facts of the case. Symbolization is therefore to be included as a part of schizophrenic speech. In general it has been recognized that there is an agreement in this between neuroses and psychoses.

From the theory of dreams we know that a symbol not only takes the place of the idea of the forbidden object but that both mean the same thing to the id. From the point of view of defence the ego succeeds in keeping an unwanted idea out of consciousness. Because without this ego-defence no symbols would emerge at all and the id could express itself unhindered.

The question now arises whether the same thing holds good for schizophrenia. The bond between a symbol and a forbidden idea is unknown to a neurotic, and, if he comes to know it, he sees in the symbol only the reflection of the repressed idea. On the contrary, this bond is usually known to the psychotic from the first and he equates the symbol with what it symbolizes.

A schizophrenic woman patient with many ideas of reference explained to me that she could not talk to me any more. Asked for



the reason, she replied that I had stroked my hair with my hand. Thus I had made an obscene movement, namely, drawn attention to my genitals. And therefore she did not wish to speak to me any more.

By the help of such examples it is clear that symbols are used in the formation of delusions. I wish therefore to take the explanation which I gave above for schizophrenic words and apply it to symbolism, putting forward the conjecture that symbols serve to master a danger-situation anew exactly in the same way as words.

In the case of our woman patient the link between hair on the head and genitals was conscious, and to her the two things were the same.

Having reached this point one might consider whether one should agree with the opinion of those who say that the explanation is that a connection which otherwise operates unconsciously may in this case have come forward into consciousness. Now I have already mentioned that, if the defence against what is forbidden is removed, the cause for the symbol will have gone too. This, however, is not only not what has happened, but the mechanism by which symbols operate in the service of the defence appears to have changed into the opposite and, when a symbol appears, now emphasizes over-strongly the symbol's sexual character. With regard to these events therefore there is no question of an irruption of the unconscious.

Therefore the view that this is an attempt at restitution offers far better prospects of an explanation. In the first phase of an attempt at restitution the cathexis is withdrawn from the unconscious connection. In the second phase this connection becomes newly cathected and its delusional character arises from this. It might be argued that this delusional symbolization has not caused the danger to disappear. But the patient can now control it simply by silence. At this point I should like to break off.

As regards their verbal content, neuroses and delusions may be the same. Although this study naturally only represents a beginning of an analysis of the attempt at restitution, yet I hope that I have made clear my view that this similarity is only a superficial one. If I may be allowed to anticipate the result of further researches, which all point in the same direction, I should like to make the following statement: the utterances of neurotics are based upon completely different mechanisms from those underlying the delusions of psychotics.

It seems that we cannot take for granted that we can apply to the understanding of psychotic mechanisms the knowledge gained in the



study of neuroses. This means that when one turns to the study of the psychoses one must put in the background what one has learnt about the neuroses and strike out a new path.

Perhaps it may be thought that I have come back once more to a pre-analytical psychiatric standpoint, namely, that psychotic manifestations differ from neurotic ones in that empathy with them is not possible. Whereas these psychiatrists have not advanced from this standpoint and have used it mostly only for diagnostic purposes, I believe that by drawing attention to a completely different mechanism I have given an explanation for this impossibility of empathy.



## RELIGIOUS DELUSIONS IN SCHIZOPHRENIA <sup>1</sup>

BY

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The importance of religious beliefs in the cultural patterns of mankind is an accepted fact. The meanings and origins of these beliefs have been interpreted variously by writers throughout the ages. A problem of some importance, the answer to which is not very clear at times, is the border-line relationship between religious beliefs and delusions of a religious nature, which has occupied the attention of many psychiatrists. Although it is beyond the scope of this paper to review the extensive literature on this subject, the opinions expressed by some writers are of immediate relevance. In 1926 Campbell <sup>2</sup> stated: 'The delusions of the ill-balanced and the beliefs of the orthodox are more closely akin than is usually recognized.'

In one of his earlier papers, Freud <sup>3</sup> compares obsessional symptoms and religious rituals. He states that in ancient religions one finds that many things considered wicked in everyday life were surrendered to the god and permitted in his name. In his introduction (1919) to Reik's *Ritual*, he writes: 'The ceremonials and prohibitions of obsessional patients force us to conclude that they have created a private religion for themselves; and even the delusions of the paranoiac show an unwelcome external similarity and inner relationship to the systems of our philosophers. We cannot get away from the impression that patients are making, in an asocial manner, the same attempts at a solution of their conflicts and an appeasement of their urgent desires which, when carried out in a manner acceptable to a large number of persons, are called poetry, religion and philosophy' (pp. 7 and 8). Furthermore, in his book on *Civilization and its Discontents* (1930), he writes: 'It is said, however, that each one of us behaves in some respect like the paranoiac, substituting a wish-fulfilment for some aspect of the world which is unbearable to him, and carrying this

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<sup>1</sup> From the Clinical Service, McLean Hospital, Waverley, Massachusetts.—Condensed from a paper read at a meeting of the American Psychoanalytic Association, Chicago, May 9, 1939.

<sup>2</sup> *Delusion and Belief*, 1926, p. 8.

<sup>3</sup> 'Obsessive Acts and Religious Practices' (1907), *Collected Papers*, Vol. II, p. 25.



delusion through into reality. When a large number of people make this attempt together and try to obtain assurance of happiness and protection from suffering by a delusional transformation of reality it acquires special significance. The religions of humanity, too, must be classified as mass-delusions of this kind' (p. 36).

The problem of when a delusion becomes a religious belief is not a simple one. Although there are numerous historical examples which tend to show that certain very definite delusions have been accepted as religious beliefs, is this a question only of acceptance by a group, or are there other mechanisms at work? The individual who believes himself the Messiah or the Son of God is considered a psychotic until he finds a group who will accept him as the Messiah or the Son of God, and to that group this belief represents a religious system. However, the factors which lead to such an acceptance by a group are still unclear. Throughout the ages there have been many self-proclaimed Messiahs, but not all have been accepted. Apparently, before such acceptance is possible, there must be present within a whole culture, or among certain groups, tensions, uncertainties, dangers, and disillusionment, as in post-war periods, loss of security, and impending threats. Following the French Revolution, the dissolution of the Roman Empire, and during many other epochs in which these factors played a rôle, there was a growth and development of esoteric religious cults. Not only the delusional system of the individual who claims to be the Messiah, but the factors in his delusion which tend to cause reverberations in the mass about him and to fulfil certain of its own needs, are important. Given a situation where one complements the other, the deluded schizophrenic may become the community god. A study of two psychotic founders of religious sects in Switzerland was reported by Rorschach in a very interesting paper,<sup>4</sup> which unfortunately cannot be discussed here because of limitations of space.

From one point of view, religion may be looked upon as the collective adaptation of the group to instinctive and environmental needs whose gratifications cannot be obtained at the crude biological level. In studying the religious beliefs of schizophrenics, one would expect to find two trends. First there is the belief which comes from the individual's cultural level, racial and social status, which is inherited from his immediate ancestors. One might call this part of the schizophrenic's belief his normal religious adaptation. In addition, however,

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<sup>4</sup> 'Zwei schweizerische Sektenstifter', *Imago*, Bd. XIII, 1927.



each individual, even the so-called normal, adds and transforms certain aspects into highly individual formations which do not fit into the first category. This is particularly true of the schizophrenic and represents an adaptation specific to his own needs.

It has become generally accepted that analysis of psychopathological phenomena may throw some light on the normal, and a study of religious delusions in schizophrenia may give us some insight into the phenomenon which we call group-religion.

An opportunity to study psycho-analytically the religious delusions of two schizophrenics presented itself. The first patient, a schizophrenic woman, part of whose material has already been presented in another connection,<sup>5</sup> showed on admission to the hospital systematized paranoid delusions of being influenced by means of an instrument in the hands of the Directors of a Surety Company. During analysis these broke down, her delusions became frankly sexual, and she identified herself with her mother, particularly in that they both had very many children. During this phase of her psychosis, she insisted on the kindness of her mother, said how much she loved her, and protested her desire to stand by her. Gradually she began to reject her mother who, although dead, had now returned to life as one of the other patients. Her mother now was a skunk, and an immoral woman, whom the patient hated. She insisted she must leave the hospital and go to live with her stepmother. This stepmother now became her sister. She would have nothing whatsoever to do with her real mother, who was actually the descendant of a pig. It was during the time of Martin Luther and Roger Bacon<sup>6</sup> that two men while drunk had sexual relations with a pig, and as a result of this was born a half-woman, half-beast, from whom her mother was directly descended. Her mother had had hundreds of men and hundreds of children. Her stepmother and she herself were sisters, but by different fathers. She

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<sup>5</sup> Kaufman, 'Some Clinical Data on Ideas of Reference', *Psycho-analytic Quarterly*, Vol. I, 1932.

<sup>6</sup> It is interesting to note that both Martin Luther and Roger Bacon represented to the patient's church arch-heretics. Luther was perhaps the greatest threat to the survival of that church—a defiant son who broke away and threatened the hierarchy. Bacon spent a good part of his life in prison, accused of witchcraft and dealings with the devil. His reputation is clearly shown in the play *Friar Bacon and Friar Bungay* by the Elizabethan, Robert Greene.



said that she did not want to become involved in a religious conflict; she only wanted to get well and leave the hospital. Somehow Roger Bacon was really the Father God and was involved with her. He impregnated his daughter, the patient's stepmother, with his 'sperm', not by sexual intercourse, but by sprinkling sperm over the eggs of Mary—which was actually the stepmother's name. The son born from this was the Son of God, and he had many sons, each of whom became the head of an important religion. Roger Bacon, then, impregnated his daughter by the magical means of sprinkling sperm, and a son was born who became the Son of God. In this connection we are reminded that children and primitives have many theories concerning conception, among which conception by contact is common.<sup>7</sup>

We see here a variation of the Virgin Birth theme, in which the father, through non-sexual means, impregnates his daughter and gives her a child. The rival is not her father, but her mother. In the earlier part of her psychosis the mother is loved, and only later hated. There is a gradual identification with her stepmother, in the rôle of sister, who is impregnated by the father magically. The solution of the patient's Oedipus situation in a regressive manner is quite clear. The ambivalent attitude to the mother is the outstanding feature, and the delusion serves the purpose of resolving this ambivalence and, secondarily, makes her the impregnated mother asexually. A typical religious system is personalized, with the psychotic patient playing the rôle otherwise reserved for the divinity. She does not now merely believe in a Virgin Mother. She is that Mother.

The second patient, a schizophrenic whose hospital residence dates back many years, believes he is the Son of God. My introduction to this patient is of interest. During ward rounds when I first came to the hospital, the patient greeted the group cordially in the hall and invited us into his room, one wall of which was lined with books, mostly standard sets, such as Dickens and Scott. One shelf, however, contained books in Hebrew and Yiddish and also grammars of these languages, which the patient said he had been studying. During this and subsequent interviews the patient discussed his interest in psychology and hinted that he would very much like to be analysed, having heard of Freud and his psycho-analytic school. This was arranged.

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<sup>7</sup> Cf. Hartland, *Primitive Paternity*, 1909.



Early in the analysis the patient discussed his belief that he was the Messiah. His delusional system was extremely complicated, and only that material which is relevant to our discussion will be taken up. At various times he believed himself to be not only the Messiah, but also Adam and even Julius Cæsar, claiming that he was born by Cæsarian section. The revelation that he was Christ came to him many years ago, while travelling in the same lower berth with his father to a psychiatric clinic. His father, saying that he himself was ill, had managed to induce the patient to accompany him to a well-known surgeon. The night after this consultation the patient lay awake all night in a state of anxiety, fearing that he would be 'asexualized' (castrated). It was never quite clear how this was to take place. The next night, at the suggestion of his father and the physician, he left for the clinic. He recalls lying in the lower berth, looking contemptuously at the man who was supposed to be his father. It struck him that such an individual really needed a God and if there was none, a god should be created to answer this need. When the train stopped at a station it seemed to him that cries of horror were coming from the people on the platform. There was a rapping on the window, and suddenly there appeared on his right hand a formidable figure in a long white cloak, with a 'horrible but strong face, the muscles of which stood out'. The hips and lower part of its body were feminine, but the face was distinctly masculine and it had a huge penis. At other times the patient stated that the figure had female genitals. He realized that he was in the presence of God, who then whispered to him: 'My son, my son.' 'I turned to the man at my left side who was supposed to be my father and said: "What will my father think?"' At this the apparition became violently excited and angry, hugged the patient to his bosom, and 'we conjugated as one, cell to cell, neurone to neurone, brain to brain, body to body'. (Mystical union.<sup>8</sup>) Jehovah told him: 'I am going to die and go to hell as a punishment for having had relations with your mother, and you will take my place.' Just then the patient saw the negro porter looking into his berth. In the morning he had additional proof of the truth of his revelation by the fact that two Jewish men in the smoker

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<sup>8</sup> Cf. Storch, *The Primitive Archaic Forms of Inner Experiences and Thought in Schizophrenia*, 1924, pp. 73-76; and Weigert-Vowinkel, 'The Cult and Mythology of the Magna Mater from the Standpoint of Psychoanalysis', *Psychiatry*, Vol. I, 1938, pp. 347-348.



gazed at him significantly and said 'Jehovah'. The negro porter also treated him as if he knew of his divine origin. (The three Magi.)

The patient told of his divinity during the first hours of analysis and returned to the topic again later. Recently he had been studying Yiddish and Hebrew, which is linked up with the fact that Jesus was a Jew, and the Jews would have to recognize this.<sup>9</sup> He rejected Christ as a Messiah, feeling that he was nothing more than a doctor or a lawyer and that Christianity is a blight on civilization. On the night of the revelation God died and the patient took his place. A more detailed analysis of his delusion brought out the following elaboration. God, being the creator of all things, would commit incest if he should have relations with a woman, but would not let that stand in his way if he desired a son strongly enough. Somehow, however, it would be incest only if he had relations with a Jewish woman, since the Jews were the Chosen People, and not if he had relations with a Gentile woman. The patient's mother, a Gentile, was chosen as the earthly mother of his son. In spite of this, however, God had to expiate his sin of incest by dying and being punished. The patient was to take his place.

Numerous details were added to the delusional system and the following material seems to be pertinent. The patient left college during his first year to enter his father's business, where he was fairly successful as an outside salesman. Later, however, he worked in the office and met his father's secretary. He said that he fell in love with her immediately and even became engaged to her, though she returned his ring a few hours after he had given it to her, saying she could not marry him. The onset of his psychosis dates back to a period when his father was away for several weeks and the patient took his place. He began to worry, particularly about his dreams. When he was seven there had been a repetition of a dream about a red-haired girl who spanked him, then picked him up and kissed him. He suddenly realized that the stenographer was the girl of his dreams. He became very worried and asked his physician if there were any significance in his dreams. The physician apparently recognized the clinical picture and advised hospitalization. Early in his psychosis he stated that the shape of his head had been altered owing to a sunstroke, which made

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<sup>9</sup> Cf. Grayzel, *The Church and the Jews in the XIIIth Century. A Study of Their Relations during the Years 1198-1254. Based on the Papal Letters and the Conciliar Decrees of the Period.* Philadelphia, 1933, p. 12.



his head swell. This is of interest in the light of Freud's discussion in the Schreber case of the sun as a father-symbol.<sup>10</sup> It is as if the patient said: 'My psychosis is a punishment by father.'<sup>11</sup> Later he said that the girl had attracted him so strongly because she looked so much like his father. As he looks back on his life, he can now see that he was predestined to be the Messiah. In Sunday school, he had been told that he was Christ. Once reference had been made to the fact that there was a prophet in the church, and people looked at him significantly. When he was six and saw a crucifix he had a feeling of 'passion or rather compassion'.

Just before his trip to the psychiatric clinic there had been a recapitulation of the beginning of the world, with the clearing up by God of the Garden of Eden, and Eve began to play an important rôle. All his interest was in Eve. 'He was willing to defy the world for the sake of Eve.' He regarded the stenographer as Eve. 'When got to the hospital, was asleep, and dreamt had been delivered of a child and had been sewn up, and woke on Sunday morning and felt that was pregnant and had had a child or was about to have one, and the responsibility seemed to overawe me. I felt that actually Adam and Christ were the same person, that one was the recapitulation of the other.'

His relationship to his father had always seemed excellent but with the onset of his psychosis he began to feel definite hostility to his father and defied him completely. He questioned whether there really was a personal God, and once, early in his psychosis, stated: 'The poet Milton was revolted by a personal God, and worshipped the God of Forces, which has eyes that see not, a nose that smells not, a tongue that tastes not, and the right hand of which the Lord of Hosts, the Lord strong and mighty, the Lord mighty in battles, would most certainly deride. John Milton was equally revolted by the conception of Christ's marriage to a single woman, not realizing, in his bigotry, that the biological relation between man and women of his choice can be as beautiful and tender in sentiment and as free from all hint of offence as anything else under the sun.'

God needed to be reproduced in him as a renewal of his body. This had to do with nerves. The whole body, except a nerve, died and was renewed in someone else. God died and renewed himself in the patient, his son. Many years later when the patient heard that

<sup>10</sup> 'A Case of Paranoia', *Collected Papers*, Vol. III, pp. 467-468.

<sup>11</sup> See also Storch, *op. cit.*, pp. 43 and 58.



his father had just died, he became quite excited and upset, and denied that his father had died. He said his father would live again in him and if his abdomen were opened his father who was in him would be set free. The incorporation of the dead father (totem feast) is of particular interest in view of the patient's belief that he himself was born by Cæsarian section.<sup>12</sup> He reacted very strongly to the interpretation of his passive homosexual attitude to his father and denied it. Later, during some experimentation in which he was a subject, the matter arose again. He reacted with hostility and a partial acceptance of the interpretation.

A similarity between the patient's basic delusions and those of Schreber, as reported by Freud in 1911,<sup>13</sup> is striking. It will be recalled that before the second episode of Schreber's illness 'one morning, while he was in a state between sleeping and waking, the idea occurred to him that after all it really must be very nice to be a woman submitting to the act of copulation' (p. 391). Subsequently Schreber believed he had a mission to redeem the world and that he could only bring this about if he were first transformed into a woman. 'The most essential feature of his mission of redemption is that it must be preceded by his *transformation into a woman*'<sup>14</sup> (p. 395). According to Freud, 'the medical report laid stress upon two points as being of chief importance: the patient's *assumption of the rôle of Redeemer* and his *transformation into a woman*. The Redeemer delusion is a phantasy that is familiar to us through the frequency with which it forms the nucleus of religious paranoia. The additional factor, which makes the redemption dependent upon the patient's being previously transformed into a woman, is unusual and in itself bewildering, since it shows such a wide divergence from the historical myth which the patient's phantasy is setting out to reproduce. . . . For we learn that the idea of being transformed into a woman (that is, of being emasculated) was the primary delusion, that he began by regarding that act as a piece of persecution and a serious injury, and that it only became related to his playing the part of Redeemer in a secondary way. There can be no doubt, moreover, that originally he believed that the emasculation was to be effected for the purpose of sexual abuse and not so as to

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<sup>12</sup> Cf. Freud, *Totem und Tabu*, (*Gesammelte Schriften*, Bd. X), S. 160 ff.; and 'Mourning and Melancholia', *Collected Papers*, Vol. IV.

<sup>13</sup> 'A Case of Paranoia', *Collected Papers*, Vol. III.

<sup>14</sup> Italics throughout the Schreber quotations are Freud's.



serve some higher design' (p. 397). Schreber accepted the idea of emasculation 'whether I personally liked it or no. . . . The further consequence of my emasculation could, of course, only be my impregnation by divine rays to the end that a new race of men might be created' (p. 400). 'The human soul is comprised in the *nerves* of the body . . . *each single nerve of understanding represents a person's entire mental individuality*' (p. 401). Before his illness, 'Schreber had been a doubter in religious matters ; he had never been able to persuade himself into a firm belief in the existence of a personal God. Indeed, he adduces this fact about his earlier life as an argument in favour of the objective reality of his delusions' (p. 404).

In the absence of any direct material regarding Schreber's father, Freud postulated that 'the exciting cause of his illness, then, was an outburst of homosexual libido ; the object of this libido was probably from the very first his physician, Flehsig ; and his struggles against this libidinal impulse produced the conflict which gave rise to the pathological phenomena' (p. 426). 'The feminine phantasy, which aroused such violent opposition in the patient, thus had its root in a longing, intensified to an erotic pitch, for his father and brother. This feeling, so far as it referred to his brother, passed, by a process of transference, on to his physician Flehsig ; and when it was carried back on to his father a settlement of the conflict was reached' (p. 435). 'In all these cases a defence against a homosexual wish was clearly recognizable at the very centre of the conflict which underlay the disease, and it was in an attempt to master an unconsciously reinforced current of homosexuality that they had all of them come to grief' (p. 445).

The clearness with which the material brought out by our patient confirms Freud's hypothesis is remarkable. Some time after the end of the analytic work, in going over the many letters this patient wrote, one was found dating back some five years. This letter shews unequivocally the passive homosexual relationship to his father and enables us to understand the formation of this relationship. What Freud postulates because of lack of clinical material, is here amply confirmed, as seen in the following excerpt from this letter :

'When X. [father] was taking his first wife's son to a psychopathic hospital in L. [city] by way of S. [city] at night, he ordered a section. This he could turn into two berths at a moment's notice on the slightest symptom of any inimical or suspicious attitude on the part of Z. [patient] by merely ringing for the



porter and having the upper berth made up. Well, young Z. looked at X., when they were both lying parallel in their pyjamas in the berth and he was so struck with the pathetic expression of X., that he said, "There must be a God. If there is not one, then a God must be created." He raised his hands to heaven and looked far off into space. What was X. to do? He was next to the aisle, but was he going to run away? No soldier would do that. In fact he had cautioned his family not to leave their beds in the advent of a burglar. Was he to ring the bell? He could not do this without being observed so to do by the vigilant Z. *So what he did was to turn over on his left side and press his rectum against Z., apparently in a casual way, squeezing Z. against the bell,*<sup>15</sup> and increasing the pressure until the bell should ring to summon the porter. Then he suddenly turned back into his former position and Z. did the same. X. here showed the strategy of a general . . .'

As has already been mentioned, the similarities between the delusional systems of Schreber and our patient are extraordinarily striking, even to the use of similar expressions. As we have seen, Schreber's phantasy of being a woman in the act of copulation preceded the second episode of his illness. In our patient, the sequence of events seems to have been as follows. His delusions concerning his mother (interest and love for Eve) came out quite clearly; the visit to the physician with his father acted as a castration threat, projected on to the physician as a father substitute. With the repression of the positive Œdipus phantasy the castration threat increased his passivity and the direct proximity to his father stimulated his homosexuality. The episode in the berth is clear-cut. He was unable to tolerate his passivity; to become a woman again implied castration. His marked hostility to his father, with the threat of retaliation, also played an important part at this point. The only solution possible was the formation of his delusion of being the Son of God. With this delusion he was able to overcome his anxiety, solve his Œdipus relationship, his ambivalence, and passive homosexual attitude towards his father. He identified himself with a woman and on arriving at the clinic he dreamt of being pregnant and giving birth to a child. His father is denied and God becomes his father. His hostility is, however, so great that even God must die as a direct punishment for the patient's own

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<sup>15</sup> Italics mine.



projected incestuous wish : God dies and goes to Hell as a punishment for incestuous relations with the patient's mother. The patient then becomes both the Son of God and God himself, the father who can, if he so wishes, carry out his incestuous phantasies asexually. It is of further interest that both the God of Schreber and the patient's God are bisexual beings,<sup>16</sup> containing both masculine and feminine elements. This again is a projection on to the father figure of the individual's own bisexuality. In our patient's case, his description of God varied. At times he stated that God had an enormous penis which reached the patient's ankle ; at other times he said that God's body was masculine and his genitals feminine. In one variation of the story told by the patient, his real father passed flatus at the moment when the apparition appeared to him. As Ernest Jones<sup>17</sup> has pointed out : ' We know that this over-emphasis on paternal potency is not a primary phenomenon, but is a transference from personal narcissism in response to the fear of castration as a punishment for castration wishes. . . . A belief in gaseous impregnation represents a reaction to an unusually intense castration phantasy, and occurs only when the attitude towards the father is particularly ambivalent—hostile denial of potency alternating with affirmation of and subjugation to supreme might.' The validity of this interpretation is obvious in our patient.

The patient's statement that the whole body except a nerve died and was renewed in someone else is reminiscent of Schreber's statement that the human soul is comprised of the nerves of the body. Another similarity between the two is their doubting attitude towards a personal God, which Schreber brought up as an argument in favour of the objective reality of his delusions. Our patient also doubted a personal God. We see this clearly in his reported soliloquy in the berth as he looked at his father and in his description of Milton's attitude towards a personal God, quoted above. Here we see quite clearly the denial of the father and the ambivalence, not only to him, but to the Deity.

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<sup>16</sup> I am indebted to Dr. E. Silberschlag of the Hebrew Teachers' College in Boston for drawing my attention to the fact that the early Jewish mystics always thought of God as bisexual. They felt that the Spirit of God mentioned in Genesis was the female principle, that the male and female principle cohabited, and as a result the souls were born.

<sup>17</sup> ' A Psycho-Analytic Study of the Holy Ghost ', *Essays in Applied Psycho-Analysis*, 1923, p. 422.



In an earlier paper the author<sup>18</sup> expressed the opinion that 'many, if not all, of the so-called bizarre delusional beliefs of psychotic, especially schizophrenic, individuals may duplicate group beliefs which have existed at one time or another in the course of human cultural history'. Freud<sup>19</sup> in his most recent paper has ventured the opinion that in the delusion there is a fragment of reality, which is derived from infantile sources, and that the delusion owes its convincing quality to the historic truth which it inserts in place of the rejected reality. What is this historic truth, and what is its source? In religious delusions one sees essentially an elaboration and re-working of certain traditional beliefs. We have seen in our patient that already in childhood there had been an identification with the Christ figure. It is my impression that such identification is extremely widespread in our Western culture and I have seen it repeatedly, both in psychotic and non-psychotic individuals. In one of her papers Chadwick<sup>20</sup> has drawn our attention to the fact that we find the same material in the phantasies of small children as in the myths and forms of belief of primitive culture, and this is true even in cases where the possibility of the child's having drawn anything from external sources can be excluded.

This point of view does not, in my opinion, require any 'mystical' explanation, such as a resurgence of archetype patterns in the sense of Jung.<sup>21</sup> Similar problems are handled in a similar way by the individual and the group. Depending on certain factors, which are not clear, in some instances these solutions are made individual and therefore psychotic, while in other instances they are accepted by the group. In the paper just quoted, Freud says: 'If we consider mankind as a whole and substitute it for the single human individual, we discover that it too has developed delusions which are inaccessible to logical criticism and which contradict reality. If, in spite of this, they are able to exert an extraordinary power over man, investigation leads us to the same explanation as in the case of the single individual. They owe their power to the element of historic truth which they have brought up from the repression of the forgotten and primeval past' (p. 387).

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<sup>18</sup> *Op. cit.*, p. 276.

<sup>19</sup> 'Constructions in Analysis', this JOURNAL, Vol. XIX, 1938.

<sup>20</sup> 'Die Gott-Phantasie bei Kindern', *Imago*, Bd. XIII, 1927.

<sup>21</sup> *Psychology and Religion*, 1938, pp. 63-4.



To return to our patients ; to make the point, one does not necessarily have to go into more detailed analysis. At the risk of oversimplifying, one may develop the material in this way. Both patients, who belong to different religious sects, had a certain relationship to their parents. In the male patient, the mother is the desired object and the father the rival, who stands in the way of attainment. In the female patient the situation is reversed. We can see in both patients that the attitude towards the rival is markedly ambivalent. In both there is, in addition to heterosexual rivalry, homosexual love. One may venture to say that without the presence of such marked ambivalence there might have been no need for such a psychotic adaptation. The fundamental mechanisms in both cases are the same. The conflict is solved by what might be called religious beliefs. In both instances we see material which has been obtained from normal religious beliefs : a Deity who has relations with and impregnates a human woman. This might be called the Virgin Birth theme. The individual variations of this theme serve the purpose of solving the patient's own Oedipus conflict. In both instances the mechanising of the solution which follows is of a regressive, narcissistic nature, both using their religious beliefs in a regressive manner, which is particularly adapted to solve the renewed homosexual conflict and intense hostility.

Whereas in normal religion the group achieves a desexualization and overcomes hostility, in the delusional belief this is not altogether achieved and there is a resexualization of the deified parental substitutes. In the group, whenever a doubt as to the validity of the religious dogma arises, there is a centripetal pressure exerted which re-establishes the belief. In the individual's delusional system the increased anxiety leads to an elaboration of the system.

From this brief analysis one is unable to see clearly at what point the group-adaptation, that is, normal religion, failed to prove satisfactory, and made necessary a more highly personal religion which we call ' delusional beliefs '. In the relationship between normal religious beliefs and the religious delusions in schizophrenia, one can see, not two parallel lines of adaptation, but complementary systems in which the group-belief does not adequately fulfil its function. It breaks down and is complemented by a highly individualistic formulation.

The economic and dynamic significance of the religious delusions of these schizophrenics may be of value in giving us insight into what



is called normal religious beliefs. The origin may be from the same needs; in one instance sublimated into a highly socialized ethical system, and in the other an anti-social individualistic adaptation which has only the form and purpose, but not the quality, of what might be called group-religion.



## ON INSPIRATION

### PRELIMINARY NOTES ON EMOTIONAL CONDITIONS IN CREATIVE STATES

BY

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The present paper is devoted to an attempt at understanding some of the psychological problems connected with inspiration.<sup>1</sup> For reasons of space I cannot quote at length the clinical, biographical, and anthropological evidence on which this essay is based. It will, however, be given in full on another occasion, in a study of the nature of creative processes on a broader basis.

Let us take the spirit of language as a guide for our first steps. The various meanings of the word 'inspiration' shew a single conception developing along a progressive scale. The *literal* meaning is best illustrated by the narrative in Gen. ii, 7: 'And the Lord God formed man of the dust of the ground and breathed into his nostrils the breath of life; and man became a living soul.' The usage of the word 'inspiration' in modern times is, however, twofold. It comprehends the action of inhaling as well as the action of blowing on, or into, the passive as well as the active part of the process.

The *metaphorical* usage to which I shall mainly refer, transposes the bodily action on to the mental plane. The action of inspiring and the condition of being inspired refer to the mind. 'A special immediate action or influence of the spirit of God or some divine and supernatural being' (*Shorter Oxford Dictionary*, 1936) takes hold of a person. He becomes an instrument of the Divine, and his works are 'inspired' in the same way as those books of the Bible which are thought to have been written under divine influence and have retained a special place in the religious belief of man. From this conception, which, for the purpose of this paper, I shall call the 'full metaphorical meaning of inspiration' and which is based upon the immediate substitution of

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<sup>1</sup> For a general discussion of these problems, see recently Gonzalo R. Lafora, 'Reflexiones sobre la inspiración en el arte y la ciencia', in *Don Juan, los milagros y otros ensayos*, Madrid, 1927, and A. C. Bradley, 'Inspiration', in *A Miscellany*, 1929. In the present paper 'inspiration' and 'creation' are considered as psychological phenomena only. No connotation of value is implied in these words.



spiritual influence for breath, all other figurative meanings of the word derive.<sup>2</sup> Two of them, however, are further differentiated. We sometimes call spontaneous ideas, visions, or conceptions 'inspiration' (*Encyclopædia Britannica*, 11th edition), and we speak of the 'inspiring' influence of a person upon others. I shall refer to these meanings as the second and third stages of metaphorical usage. Divergent as they undoubtedly are, they still have a common basis. They both describe changes in the attitude of man, the first a change in his mind which arises suddenly, the second a change in his emotional life, mostly due to the influence of another person. Both these changes, however, are characteristic of states of inspiration in the full metaphorical sense. But in the latter the alteration of the normal attitude is not limited to the mental and emotional condition of the person; it also embraces his physical state. This alteration generally arises suddenly and is ascribed to the influence of some spirit. The concept of inspiration is intended to account for these states: it is an explanation on the animistic level. In order to replace it by a scientific explanation we shall have to enumerate some of the characteristics of such states.

In their purest form they are found in primitive society. They appear mainly in the religious sphere, which includes almost all productive mental activities. The inspired persons are mainly priests, medicine-men, or prophets. At a later stage—if we can speak of evolution where such uncertainty still prevails—the poet and, in exceptional cases, men of action join them. These men of action, however, are not the mythical heroes, not the great revolutionaries; they are rather of the type of 'the prophet as leader'. The states of inspiration are not permanent. They take hold of the individual for a certain time. They are mostly connected with a partial loss of consciousness and are almost habitually accompanied by various sorts of more or less unco-ordinated motor activities.

The clinical classification of these states is not always easy. They sometimes shew characteristics of epileptic or—perhaps more frequently—hystero-epileptic states (*morbus sacer*) or else a more or

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<sup>2</sup> If, for instance, one describes as inspiration 'the utterance or publication of particular views or information on some public matter, if prompted from some influential quarter' (*Oxford Dictionary*), the relation even to the literal meaning is still apparent. The scene, when a Government official gives information to a reporter, is still a distant relation of the biblical one.



ess complicated hysterical symptom formation. But while there seems to be a certain variety of clinical syndrome which may predispose to these states, the psychological conception of the belief in inspiration and of the processes occurring in it aims at a solution that will not be limited to any one of these clinical conditions. These highly complex processes may be described as phenomena of regression. In clinical cases this regression is likely to lead to a withdrawal of ego control from many of the higher mental activities. As an example we have mentioned that the co-ordination of motor activities is frequently affected. To add another most characteristic feature, in states of inspiration speech becomes automatic. It is not the subject who speaks but a voice from out of him. The pronouncements of this voice from him are unknown before the state of inspiration has arisen. It is the voice of his unconscious, he communicates it to others, and he himself becomes part of the public.

In such communications the unconscious is supreme. They are always prophecy or poetry of some kind. The vision of the future is, of course, largely based upon the interaction of wish and phantasy (the main contents of the unconscious) with the preconscious understanding of the needs and desires of the community. The essence of vaticination has in fact always been the unconscious connection between the prophet and the client, the forecast of the future being based upon the experience of the past. The poets of old were hardly distinguished from priests and prophets. Their main province was myth, that is to say the past of the tribe or the common phantasy about that past, in which terrible deeds occurred, incest and murder, similar to those which mould the phantasy-life of early childhood. The story of this past is not entrusted to consciousness. In a state similar to that of intoxication, elated, in a trance, not conscious of what he does—thus Plato, to whom we owe this first description of the state of inspiration—the poet sings his song. The voice of God speaks through him to men. Obviously all similar states, when the prophet acts as leader, when he codifies the law or writes down what has been revealed to him, are based upon analogous mental experiences. We are perhaps thus justified in saying that the inspired leadership of primitive society consists of individuals who, among other qualities which do not enter into the framework of our present deliberation, are distinguished by a certain disposition to communicate with the repressed wishes and phantasies in themselves by the use of special mechanisms. These mechanisms are in the nature of projection and



introjection. What comes from inside is believed to come from without. The 'voice of the unconscious' is externalized and becomes the voice of God, who speaks through the mouth of the chosen. This process of externalization constitutes one decisive element of the phenomenon of inspiration, but not the whole of it.<sup>3</sup> The knowledge which the voice communicates is not only derived from God, but literally given by him. The awareness itself is a result of inspiration as well as a part of it, and thus the driving of the unconscious towards consciousness, the process of becoming conscious, is attributed to the influence of the Divine. In other words, an alteration of cathexis inside the person, the bursting of the frontiers between the unconscious and the conscious, is experienced as an intrusion from without. We may therefore say that the conception of inspiration is connected with two emotional experiences. Though they are intimately interwoven with each other and may, therefore, not always be distinguished by the individual himself, they may be separated here for the sake of our presentation: in the concept of inspiration impulses, wishes and phantasies derived from the unconscious<sup>4</sup> are attributed to a supernatural being and the process of their becoming conscious is experienced as an action of this being upon the subject, and thus *activity* is turned into *passivity*.<sup>5</sup>

Before we attempt to carry this trend of thought any further we shall have to consider some of the conditions which may account for the universality and the tenacity of the belief in inspiration. Two main purposes seem to be served by that belief: one concerns its social and the other its individual aspect. Through the idea of

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<sup>3</sup> For the purpose of this paper a differentiation between 'externalization' and 'projection' may be valuable. If the externalized thought is projected on to some special supernatural being, it may, when communicated to the tribe, bear some features of this being as he is known by tradition. This is the case of prophecy, and this case only should really be called projection.

<sup>4</sup> In a more detailed study distinctions would have to be made concerning the structural character of what has been projected, whether it is derived from the id—the only case mentioned above—from the ego or the super-ego; for such distinctions in visionary states see Money-Kyrle, 'A Psycho-Analytic Study of the Voices of Joan of Arc', *British Journal of Medical Psychology*, Vol. XIII, 1933.

<sup>5</sup> One is reminded here of the twofold meaning of the word 'inspiration'.



inspiration the communication gains in authority, and the person who communicates it is relieved of the burden of responsibility. The increase in authority is best exemplified if we think of the concept of revelation. The revealed truth is of a quality other than that of truth acquired through human effort. It is beyond criticism as well as beyond doubt. The problem of responsibility, however, is more complicated ; it is intimately linked up with anxiety and guilt. In speaking of archaic social conditions we may say that the tale the poet tells derives from or touches upon the forbidden sphere of wishes, desires, and impulses. Under the assumption of inspiration not he but the Divine is acting ; he is not responsible, his feelings of guilt are relieved, and no anxiety need arise.

The full metaphorical meaning of inspiration, however, underwent an alteration even in the ancient world, and thus it became a term designating special conditions of creation, though without losing the whole of its original meaning. Just as the prerogatives conceded to the man of genius are still derived from the days in which '*ingenium*' had its full mythological meaning, so the consideration granted to those who are in this special state of creativeness still reflects the older conception. This relation does not exist for the public only, it is not only a sociological one, but it remains true of the creators themselves, it has a full psychological sense.

In many autobiographical descriptions, especially by poets or artists, we hear that the creative states are states of special excitement. This excitement may be favoured by certain conditions and may be evokable by certain stimuli, but as a rule it cannot be controlled altogether. In these conditions the individual may feel more or less elated or depressed, extremely vital or ill. The act of creation becomes extremely easy, sometimes progressing at great speed, and a feeling arises that 'the real work is done by some unseen collaborator.' (R. L. Stevenson).

Out of a great variety of autobiographical descriptions I want to choose one which impresses me by its moderation and prudence. In his Leslie Stephen Lecture at Cambridge on *The Name and Nature of Poetry* (1933) A. E. Housman describes what one might fittingly call his individual experience of poetic inspiration. 'I think that a production of poetry is less an active than a passive and involuntary process.' He compares it with human or animal secretion and stresses the fact that it is painful and accomplished in a state near to illness. 'Having drunk a pint of beer at luncheon—beer is a sedative to the



brain and my afternoons are the least intellectual portions of my life—I would go out for a walk. As I went along, thinking of nothing in particular, there would flow into my mind with sudden and unaccountable emotion, sometimes a line or two of verse, sometimes a whole stanza at once, accompanied, not preceded, by a vague notion of the poem as a whole. Then there would usually be a lull and perhaps the spring would bubble up again. I say bubble up, because the source of the suggestion thus proffered to the brain was an abyss.' This abyss Housman is inclined to locate in 'the pit of the stomach'.

While here the veil of understatement disguises the emotional upheaval of the creative state under a cover of self-irony, we may imagine that other less critical minds would be inclined to describe analogous though less fruitful experiences in terms of the full metaphorical meaning of inspiration. In Housman's words, however, another meaning of that word is implied: that which I suggested should be called the 'second stage of metaphorical usage'. In this sense inspiration designates, as we said, the sudden arising of visions or thoughts, and in this sense inspiration may be called almost the everyday version of the creative process which we all know as a flash of thought.

I should like to discuss this phenomenon in connection with scientific thinking, where the sudden experience concerns some step in the attempt to solve a problem.<sup>6</sup> Summarizing some of the results of recent psychological research, we may emphasize the following points. The work of the mind in research and discovery does not consist only in a continuous application to the quest for a solution. A part of the work is done in preconscious elaboration, the result of which comes into consciousness in sudden advances. It is almost always possible to find traces of an interrelation between some external stimuli and this preconscious process.<sup>7</sup>

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<sup>6</sup> For the recent literature and some new data see Catherine Partridge, 'Scientific Thought', *Journal of Psychology*, Vol. V, Princeton, 1938. What is said here can be applied in a similar but not totally identical sense to other kinds of creative activities. Normally in scientific thinking ego control is strongest, and emotional conditions least noticeable.

<sup>7</sup> Psycho-analytical experience leads us to confirm this point of view and to stress one part of this relation. We have in our daily work ample opportunity to watch how observations are directed by the mind, that is to say, how human beings notice what they are prepared to see. As



Some of the greatest scientific discoveries are attributed to chance by the discoverers themselves, just as Newton's observation of a falling apple is alleged to have been the source of his discovery of the law of gravitation. A closer analysis of such cases, which play a considerable part in typical biographies of scientists, has, as Paulhan<sup>8</sup> has shewn, proved beyond all doubt that what appears to be chance is in fact an observation impregnated with previous preconscious experiences. The making of the observation is in itself a part of the preconscious process. In the words of Louis Pasteur: '*Le hasard ne favorise que les esprits préparés.*'<sup>9</sup> The idea, however, that the discovery originated from the observation which chance offered and that the whole of the mental process involved was indeed started by chance, through an inspiration, deserves some further comment. Chance is always tinged by the conception of fate. It stands for what in religious terms may be called the will of God, in the last analysis for God himself.<sup>10</sup> And thus our path seems to have led us back to the problem of inspiration. The belief in the part played by chance in scientific discoveries repeats on another plane the idea of the voice of the unconscious which is externalized and attributed to God. In order to account for this similarity several arguments may be adduced. Scientific thinking is in itself never sharply separated from the realm of the unconscious, and the psycho-analysis of inventors and research workers shews that there is an intimate connection between these higher mental functions and unconscious wishes and desires and their infantile roots. This argument concerning the id aspect of scientific

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Anna Freud once put it, one can almost predict, in the course of an analysis with a woman patient, when she is going to read in a newspaper that an operation has been performed on a hermaphrodite. On another plane, self-observation confirms that even our research work can be hampered or promoted by our dependence on these factors.

<sup>8</sup> *La psychologie de l'invention*, 1901.

<sup>9</sup> Delacroix, 'L'invention et le génie', 1931, in *Nouveau Traité de Psychologie*, ed. Dumas, VI, 4.

<sup>10</sup> It is hardly necessary to justify this substitution here. One argument only may be quoted. In mythology, where all inventions and discoveries are either inspired or considered as products of a Promethean impulse, a number of typical legends occur in which the acquisition of new insight or a new conquest in the fight against nature is either ascribed to some father imago (to some great teacher), or else to Chance as a *locum tenens*.



thought may be supplemented by another which might be called the super-ego aspect. Any research or discovery may, in some sense, be an attempt to trespass across established boundaries and thus be related to infantile situations in which such attributes were forbidden and dangerous. But a third argument may still be added ; it concerns the aspect of ego psychology. The working of our mind in productive thinking is, as we have said, not based on steady application only. It is most probably connected with changes of cathexis which may take the character of sudden, as it were eruptive, processes. The part attributed to chance would then properly be described as rationalization. But this description is true only in a somewhat superficial sense. It does not take into account one further element : that of the excitement sometimes connected with productive thinking, even if that excitement is less noticeable than with any other sort of creative activity. Such excitement is of a libidinal nature. Evidence is easily accessible in so far as 'normal' conditions of creative activity are concerned.<sup>11</sup> The evidence, however, which I should like to mention here, as shortly as possible, concerns its pathological aspect, i.e. states of excitement connected with unsuccessful creative activity in thinking and in scientific research. I have chosen the two following cases for the sake of contrast. In the first the symptom of intellectual inhibition is of a comparatively simple structure—the structure only is to be considered—in the second the process used is akin to inspiration.

The first patient, a man in his early forties, has had a fairly successful professional career. He is a learner, an examination type, and has endeavoured to add to his name a variety of letters—many more than his father, who had worked successfully in the same field. The rivalry with this beloved father dominates all the spheres of the patient's activity. His whole life is a somewhat exaggerated repetition of his father's life, and his obedience to his father's principles and moral conceptions has taken a turn towards caricature. He distorts any father-figure he meets in his life by means of the mechanism of projection and he then fights the dummy he has set up. This fight is clearest in the intellectual field. While his faculty for learning is extreme and his records in cramming have won him admiration—his

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<sup>11</sup> A closer investigation of the circumstances favouring creative activities seems, for instance, to prove that those habits—they might be called the 'working' or 'creative' habits of an individual—are no less full of meaning than his sleeping or any other habits.



memory is extraordinary and literally every other word he speaks is a quotation—he feels entirely unable to think for himself and is actually shaken by anxiety when faced with a new problem. His first impulse is to seek help, some authority to quote: in terms of instinctual life, some formula to take in and then to apply. But sometimes, under special conditions, he tries to fight that authority. Any success in this fight—his outlook is in many ways a modern one, almost that of a revolutionary—has the greatest emotional value. It is an achievement more desirable than any other. ‘And I have at last found that out for myself’, he will exclaim in deep excitement. It is a victory in a conflict, a victory of activity over passivity, and as such an almost exact repetition of certain of his attempts to overcome the shock of circumcision, experienced in his fifth year, though traces of this attitude were discernible in some much older material, in aggressive impulses connected with anal experiences.

The second case concerns a man in his thirties who, among many other difficulties, shows an almost complete inhibition in working, which forms a severe impediment to his career as a scientific worker. While any kind of routine work is easily achieved, any form of creative activity is associated with extreme difficulties and accompanied by a number of severe physical and mental symptoms. These difficulties are partly determined by an unconscious identification with his father, which follows the line of aggressiveness and guilt. Whereas his grandfather, whose tradition he wishes to continue, had been a famous academic teacher, his father has, owing to an inhibition in his powers of scientific research, failed to reach high academic honours. More interesting, however, than this part of the problem are the patient’s attempts to overcome the inhibition. I should like to mention two of them. He can attempt productive work if, by means of alcohol or drugs, he has worked himself up into a state of excitement, in which work is done in a rapture. The second method is more complicated. He manages to find some authority in his own or in a neighbouring field of research whom he induces to give him some advice about his work. His reaction to this advice is twofold. He endeavours to prove its futility, or he is afraid of committing a plagiarism. Closer analysis, however, shews that his wish to take away another person’s ideas is no stronger than his fear that his own ideas may be used by this same person or by someone else. And furthermore the advice he gets is exactly the sort of advice he wants to get, the sort of advice which he had, in fact, himself suggested. Here the mechanisms of projection



and introjection are at work and the process is akin to inspiration, one of the differences being that instead of 'an unseen collaborator'—to use Stevenson's words—the collaborator is a person in the outside world. No less than the first method, that of oral gratification, the second method, the 'taking advice' and dealing with it, produces states of marked general excitement. In these states the whole pace of his life seems to be accelerated. His attitude is changed. Indeed, one is almost tempted in this connection to use the word 'inspired'. As regards the historical background it may be briefly added that analogous tendencies expressed themselves in his latency period when he stole books from his father in order to buy sweets; they were rooted in childhood in a passive oral phantasy of incorporating his father's penis.<sup>12</sup>

In both of these cases a homosexual phantasy forms the background of experiences in the intellectual field, the sexualization being obviously responsible for the failures. The climax in the old phantasy is replaced in the first case by the intellectual fight and the deep satisfaction which eventually ensues, in the second case by the states of excitement. In this second case, however, the aggressive meaning of creative activity leads to the quest for an authority, whose advice frequently represents the patient's own ideas. Here, *si parva licet componere magnis*, lies the analogy with the state of inspiration in the full metaphorical sense.<sup>13</sup>

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The sexual character of the concept of fertilization through respiratory functions, which is the nucleus of inspiration in its literal sense, has been discussed by Ernest Jones.<sup>14</sup> He has stressed the fact 'that respiratory processes tend to be interpreted in the unconscious in terms of alimentary ones' and 'that breath receives much of its

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<sup>12</sup> The phase of analysis which dealt with these problems was initiated by a dream in which the conflict with his father was represented as a fight in which books were used as weapons. The oral aggressive impulse persists almost undisturbed in the patient's predilection for eating brains.

<sup>13</sup> We may here recall that one of the main effects of inspiration in primitive society is that of relieving the feeling of anxiety and thus of appeasing the guilty feelings connected with creation.

<sup>14</sup> 'The Madonna's Conception through the Ear', *Essays in Applied Psycho-Analysis*, 1923. For further clinical evidence, see Fenichel, 'Ueber respiratorische Introjektion', *Internationale Zeitschrift für Psychoanalyse*, Bd. XVII, 1931.



importance . . . through the conception of internal pneuma.' He has described how the conception of the soul derives from that of anal procreation 'which has gradually been purged from all material grossness' until the 'purest and least sexual form of procreation, the one most befitting the creator himself', has been established. While this purification, as described by Jones, was mostly concerned with the pregenital implication connected with the fertilizing power of breath, the various meanings of inspiration with which we began show how the purification is concerned here with the elimination of the sexual implication. In the full metaphorical sense inspiration implies a state of a sometimes scarcely veiled sexual character which is best exemplified by reports of the changes in sex actually occurring with the shahmans of certain Mongolian tribes.<sup>15</sup> The sexual connotation, however, has disappeared in the second stage of the metaphorical usage. Here inspiration designates a process of ego activity only, the sudden appearance of ideas. In the third stage, when we speak, for instance, of the inspiring effect of leadership, emphasis is laid once again on a libidinal relationship. But this libidinal relationship concerns the super-ego. Thus we may say that the various meanings of the word inspiration seem to be differentiated by a varying degree of desexualization.

This point of view, however, does not concern the various meanings of the word inspiration only. The states of inspiration themselves may be more or less sexual in character and where inspiration is an element in creative activities of any kind a certain degree of desexualization seems to be a precondition of success. The spirit of language, however, the connotations attached to respiratory functions, direct our attention to another point: to the importance of pregenital elements in phantasies connected with inspiration. It is my impression that this is a never absent feature of these phantasies. Instead of discussing the clinical evidence here, I should like to recall Housman's words: the 'natural secretion like turpentine in the fire' or the 'morbid secretion like the pearl in the oyster', the bubbling up from an abyss, 'the pit of the stomach', and 'the pint of beer' which initiates the process, speak for themselves. The process of inspiration is here clearly expressed in oral, intestinal and anal terms. This is not

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<sup>15</sup> The details have been given by Maenchen-Helffen (San Francisco) in a lecture delivered in 1937 before the Academic Association for Medical Psychology in Vienna.



astonishing if we think that on the level of pregenital meaning creation itself signifies anal production. But the pregenital elements in the phantasies connected with inspiration stand in a special framework. The phantasies—I can speak only of men—are centred around the father and around the conflict between active and passive tendencies. While in autobiographical descriptions of creative states pregenital connotations are frequently implied or even expressed, as in Housman's words, the relation to the father-figure is better hidden. In Housman's sceptical self-analysis this part of the phantasy seems to have found an expression in the following words: 'I have rarely written poetry unless I was rather out of health, and the experience, though pleasurable, was generally agitating and exhausting.' This is the description of a process in which passivity is indeed supreme. In terms of our theory we might say: the path leads from anal activity to homosexual passivity and thus another well-known meaning of creation is evoked—that of giving birth to a child.

At this point a number of problems arise which I shall not be able to approach in this connection.<sup>16</sup> I think, however, that at least two of them should be mentioned. How far are pregenital experiences themselves responsible for such phantasies as the one which found its expression in Housman's words and how far is the pregenital element due to regression? That is to say, how far have they kept their older meaning and how far are they influenced by the fact that the individual has reverted from the genital to an earlier stage? This question is connected with a second one. The process of inspiration being based upon the re-introjection of what was formerly projected, it may be asked how far this process is in itself influenced by earlier experiences of using the same mechanisms, especially as 'the voice of the Unconscious', which is externalized, contains results of former introjections.

The answer to these questions is obviously linked up with the discussion of the theories presented in the last decade mainly by Melanie Klein, Ernest Jones—especially in his paper on the phallic phase<sup>17</sup>—Joan Riviere and other British psycho-analysts. Though it is obvious that no attempt can be made here to approach the ques-

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<sup>16</sup> One of these problems concerns the process of inspiration in women, another is the problem of adolescence, during which states of inspiration are of great frequency. I further wish to emphasize that in a more complete presentation the problem of creation in itself could not be omitted.

<sup>17</sup> This JOURNAL, Vol. XIV, 1933.



tions raised in these researches, it is my impression that in the phantasies connected with inspiration the genital elaboration of pregenital experiences is evident, and that the pregenital layers constitute nothing specific. It is clearly impossible here to discuss this specificity in a strict sense, which would enable us to predict what kind of people are likely to experience inspiration. It is meant for the framework of phantasies and mechanisms connected with inspiration as compared with similar elements in several other somewhat comparable emotional conditions. Such conditions include the various kinds of visionary states, various states of grace and possession, and especially the state of ecstasy. I am inclined to believe that in all these states the phantasies are of the same general nature, especially in so far as the use of projection and introjection is concerned; in all of them they are desexualized and raised to the plane of a mental process. The state nearest to inspiration is ecstasy. 'What had been projected as a vision of God is now in ecstasy taken back into the ego, but not as an antithesis between ego and super-ego or between ego and God: ego and God are one.'<sup>18</sup> This description, given by Helene Deutsch, could be applied as such to the first of the steps constituting inspiration in its full metaphorical meaning. We have tried to shew that there is another, a second step connected with it: that the driving of the unconscious towards consciousness is experienced as an intrusion from without—an attitude of a passive nature *par excellence*. The decisive difference, however, can be formulated more clearly. In ecstasy the process results in an emotional climax only, in states of inspiration it leads to active elaboration in creation.<sup>19</sup> The process is dominated by the ego and put to its own purposes—for sublimation in creative activity. Thus inspired creation solves an inner contest, sometimes as a compromise between conflicting forces, sometimes as a defence against one particularly dangerous instinct. Where man seems to be at the peak of his activity, in creation, he is still sometimes inclined to bend his head to the Almighty and to be carried back to the period when dependence on objects in the outside world dominated his life.

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<sup>18</sup> Helene Deutsch, 'Ueber Zufriedenheit, Glück und Ekstase', *Internationale Zeitschrift für Psychoanalyse*, Bd. XIII, 1927, S. 414.

<sup>19</sup> Ecstasy seems to be more frequent in women, inspiration in men.



## A CRITICAL ANALYSIS OF THE CONCEPT OF A REPETITION COMPULSION

BY

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Freud has looked upon the theory of the death instinct with an attitude which he himself has spoken of as one of 'tepid indulgence'. About this concept, therefore, one finds in the literature only tentative disagreement.<sup>1</sup>

Closely related, however, to the idea of the death instincts is the concept of a repetition compulsion which, according to Freud, is the demarcating characteristic of these instincts. This concept presents a more revolutionary challenge to accepted psycho-analytic premises than any which Freud, or even any dissenter, has heretofore formulated. Implicitly, by denying to the pleasure principle a central and determining position in the dynamics of human behaviour, it strikes at the very foundations of the libido theory and of our basic conceptions of the dynamics of the neuroses.

Yet strangely enough this concept has been used without frank or conscious criticism by innumerable authors. Unwittingly, however, they have indicated their latent dissent, by giving to the concept such widely diverse interpretations as to render it almost meaningless.

### EVOLUTION OF THE CONCEPT OF A COMPULSION TO REPEAT

At least in two places in Freud's early writings, the conception was foreshadowed: for example, in his parenthetical remarks about 'deferred obedience', in the analysis of Little Hans<sup>2</sup> (1909), and again in the analysis of Dora (1905), in the discussion of the repetition of the first dream.<sup>3</sup> It is only to be expected that, in its gradual elaboration from these foreshadowings, the concept should have undergone radical alterations; but we shall see that even in its matured form, Freud himself is not always consistent in his use of it. It would seem possible, therefore, that the concept itself may be at fault.

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<sup>1</sup> Cf. Symons, 'Does Masochism necessarily Imply the Existence of a Death-Instinct?', this JOURNAL, Vol. VIII, 1927.

<sup>2</sup> *Collected Papers*, Vol. III, p. 178.

<sup>3</sup> *Op. cit.*, p. 102.



In 1914 for the first time Freud mentioned, specifically, a compulsion to repeat as an independent force to reckon with in psycho-analytic technique.<sup>4</sup> Freud here identified the 'compulsion to repeat' with the tendency repeatedly to act out unresolved neurotic problems (childhood and infantile attitudes), *instead of remembering them*: indeed the compulsion to repeat becomes for the duration of the treatment itself 'a way of remembering' (p. 370). He emphasized further that it is accentuated by all the forces of resistance, which in turn are attacked through the transference which is itself a manifestation of the repetition compulsion; and that a transference which becomes unduly intense or hostile forces repression, whereupon remembering is blocked and supplanted by further acting out of repetitive patterns.

At this stage of his thinking, Freud did not attempt to resolve the latent conflict between such a conception of a repetition compulsion and a pleasure-determined libido psychology.

This issue received its first full presentation in *Beyond the Pleasure Principle* (1920). Here for the first time Freud used the concept of the repetition compulsion in an effort to identify and isolate the so-called death instincts; distinguishing them from the erotic instincts largely by attributing to them a special tendency towards this repetition compulsion.

In this discussion Freud pictures the sexual instinct as the direct expression of the activity of the germ cells. He stresses the fact that these lead to the continuous production of new living protoplasm in the form of unicellular germ cells. This continuous production appears to him as a straight line, a simple sequence of events in series. The death instincts on the other hand, are looked upon as the expression of the activities of the cells of the soma; and these, instead of going forward in a straight and continuous line, seem to Freud to reach a certain point at which they turn back to their starting point, from which they again progress to their partial goal, only to return to their starting point, over and over again. This Freud describes as a 'tendency innate in living organic matter impelling it towards the reinstatement of an earlier condition'.<sup>5</sup> He believes that he can find biological evidence to shew that an instinct automatically arises

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<sup>4</sup> 'Further Recommendations in the Technique of Psycho-Analysis', *Collected Papers*, Vol. II.

<sup>5</sup> *Beyond the Pleasure Principle*, p. 44.



in nature to re-establish the *status quo ante* every time that any given state is upset, and that since animate life arose from inanimate matter, therefore there must be an instinct to return to inanimate matter. On p. 137 of the *New Introductory Lectures* (1933) he says for instance: 'We may assume that as soon as a given state of things is upset there arises an instinct to recreate it, and phenomena appear which we may call "repetition compulsion". Embryology, for instance, is nothing but a repetition compulsion . . .'

That there are logical fallacies in these statements, and implications which contradict basic physical laws of matter and energy, are questions into which we do not feel impelled to enter here, because we believe that the concept of a repetition compulsion can better be debated on the level of psychological organization.

On this level (i.e. of psychological organization), Freud finds himself unable by reference to the pleasure principle alone to account for the dreams of a traumatic neurosis, the play of children, or the fact that unpleasant experiences of early childhood reproduce themselves in dreams, symptoms and transference reactions. Therefore, he feels it necessary to invoke a counter-force which can overcome the pleasure principle; and this force he names the repetition compulsion.<sup>6</sup> He states this position again in his paper on 'The "Uncanny"' (1919),<sup>7</sup> where he says: 'It must be explained that we are able to postulate the principle of a *repetition compulsion* in the unconscious mind, based upon instinctual activity and probably inherent in the very nature of the instincts—a principle powerful enough to overrule the pleasure principle' (p. 391). This is an arresting statement, since it would seem to indicate that even the instincts themselves do not function under the domination of the pleasure principle.

However, in returning to the question in *Inhibitions, Symptoms and Anxiety* (1936), to some extent Freud seems to abandon his original attitude towards the repetition compulsion. Thus on p. 75 he relates it most closely to the effort 'to undo' traumatic experience. 'When anything has not happened in the desired way it can be undone by being repeated in a different way; and now all the motives that exist for lingering over such repetitions come into play as well.' This seems to give a pleasure value to the phenomenon, i.e. the economic purpose of reducing and mastering the pain of a traumatic experience.

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<sup>6</sup> *New Introductory Lectures*, p. 138.

<sup>7</sup> *Collected Papers*, Vol. IV.



On p. 137 of the same book, one finds still a different interpretation of the repetition phenomenon. Here Freud speaks of the fact that instinctual impulses which arise in the id, and which have been successfully subjected to repressive forces, may return to pursue their course 'under an automatic influence—or, as I should prefer to say, under the influence of the repetition compulsion. . . . The fixating factor in repression, then, is the repetition compulsion of the unconscious id.' At this point, the energy which produces repetitive phenomena is looked upon as identical with the energetic drive of unsatisfied, repressed instinctual urges. In considering this statement, it would seem to be self-evident that unsatisfied instinctual urges make themselves heard at every convenient opportunity. On the other hand, it is harder to see why it should be necessary to say that this occurs 'under the influence of the repetition compulsion'. This seems to be as unnecessary as it would be to invoke a repetition compulsion in order to explain the continuous escape of steam from a boiling kettle; and makes of the repetition compulsion a super-biological form of energy. This question will be discussed in greater detail below.

#### VARYING USES OF THE CONCEPT IN THE LITERATURE

If Freud himself gives certain perplexing and implicitly contradictory versions of this concept, it is little wonder that others who have accepted the concept and have used it in their writings, should have done so in widely varying forms. A few examples of these will suffice.

Wilhelm Reich,<sup>8</sup> in diametric opposition to Freud's basic principle, states that 'Adhesiveness [i.e. of the libido] can be related to the repetition compulsion which obtains emphatic expression through the pleasure-principle.'

Melanie Klein<sup>9</sup> identifies the impulse of children to play with a discharge of masturbatory phantasies 'acting as a repetition compulsion'. (Here again, one must raise the question: why must the activity of an unsatisfied instinctual desire be explained on the basis of a repetition compulsion? Does one need a repetition compulsion to explain persistent hunger when one has not eaten?)

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<sup>8</sup> 'The Sources of Neurotic Anxiety', this JOURNAL, Vol. VII, 1926, p. 382.

<sup>9</sup> *The Psycho-Analysis of Children*, 1932, p. 31.



Moreover, on p. 170, Mrs. Klein gives to the repetition compulsion a quite different significance—identifying it with a tendency to resolve greater anxieties by substituting for them some lesser fear. She notes correctly that *the very failure of such an effort to achieve its aims, in the absence of alternative methods, leads inevitably to its repetition*. Here, therefore, we see the so-called repetition compulsion resolved into nothing more nor less than the age-old impulse when in trouble 'to try, try, try again' with any means which are at hand.

Here, therefore, we see an author on the one hand identifying the repetition compulsion with the continuous discharge of biological instinctual energy, and on the other hand identifying it with repeated unsuccessful efforts to neutralize anxiety. It would seem then that anything which recurs in mental life is very likely to be dropped into this scrap basket.

Edward Glover<sup>10</sup> writes: 'The nearer we get to seemingly blind repetition, the nearer we are to a characteristic of instinctual excitation.' This again would seem to identify the repetition compulsion with the constant stream of biological instinctual energy.

At another place, however,<sup>11</sup> he presents a quite different picture of the phenomenon. He writes: 'We are now familiar with the general economic function of the biological repetition compulsion in binding traumatic stimuli, and so in working through traumata.' He then goes on to distinguish between 'phylogenetic aspects' of the repetition compulsion, and the 'ontogenetic or individual modifications' of the compulsion. By the former he means the repetitive efforts to neutralize 'racial traumata'. By the latter he means the repetitive manifestations of disturbances either in object relationships, or in auto-erotic problems. The economic function of the repetition compulsion is not made wholly clear in the second category; but it is quite clear that two widely different conceptions are here included under one name.

Alexander<sup>12</sup> gives a quite different significance to the term

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<sup>10</sup> *The Technique of Psycho-Analysis*, Supplement No. 3 to this JOURNAL, 1928, p. 43.

<sup>11</sup> ' "Active Therapy" and Psycho-Analysis ', this JOURNAL, Vol. V, 1924, pp. 282-6.

<sup>12</sup> *Psychoanalysis of the Total Personality*, 1930, pp. 13-14; and 'A Metapsychological Description of the Process of Cure', this JOURNAL, Vol. VI, 1925 (particularly pp. 18 ff.).



'repetition compulsion'. In the first place, he subdivides it into two forms: (1) the repetition compulsion as manifested in the processes of repression or of inhibition of instincts (i.e. as a defensive manœuvre against internal danger signals); and on the other hand, (2) the repetition compulsion as manifested in what he terms the 'Breuer-Freud principle of inertia'. By this principle of inertia, Alexander means an automatic and unconscious effort to deal with *external* stimuli in some mechanically repeated patterns of behaviour. To both forms of this 'compulsive repetition' Alexander attributes an economic value in terms of the pleasure principle—i.e. 'the avoidance of constantly changing active psychic effort in line with the general effort to reduce physical tension'. Clearly, this conception of the repetition compulsion is again basically at variance with that of Freud.

Stärcke<sup>13</sup> so expands the concept as to say that 'every action and movement, if not inhibited, repeats itself rhythmically'. To him, therefore, repetition compulsion is an inevitable fact, like a clonic knee-jerk in the absence of the pyramidal tract inhibitions. To Stärcke, everything that a human being did without an inhibiting mechanism would repeat itself endlessly. Such a phantasy need hardly be accorded serious scientific consideration.

Anna Freud,<sup>14</sup> in discussing the transference situation, speaks of the impulses of the patient towards the analyst, which have their sources in the earliest object relations, and asserts that they 'are now merely revived under the influence or the repetition compulsion.' The 'repetition compulsion' is here given a power in human affairs directly comparable to the power attributed to 'habit' in popular lay psychologizing. It is looked upon as an explanation beyond which one need seek no further.

Ferenczi<sup>15</sup> finds himself in much the same dilemma. At first, with some confusion, he attempts loyally to reconcile Freud's concept of the repetition compulsion with his own conception of 'habit'. He quotes Freud incorrectly as saying that both the life instinct and the death instinct 'seek to reduce all animate matter to a state of equilibrium'. In some way he seems to feel that this offers a 'psychic motivation of the tendency to repeat earlier experiences as if they

<sup>13</sup> 'Conscience and the Rôle of Repetition', this JOURNAL, Vol. X, 1929, p. 191.

<sup>14</sup> *The Ego and the Mechanisms of Defence*, 1937, p. 18.

<sup>15</sup> *Further Contributions to the Theory and Technique of Psycho-Analysis*, 1926, pp. 284-8.



were habits'. Later he explains that repetition is a more economical form of mental expenditure than 'seeking after new paths . . . i.e. something relatively less pleasurable'. In short, Ferenczi feels it necessary to reconcile the repetition compulsion with the pleasure principle—a reconciliation which Freud specifically disavowed.

Similarly, Ferenczi had to envisage 'habit tendencies' as being 'piled up in that great reservoir of instinct and libido, the id', thus bringing 'instinct and habit into one and the same category'. He echoes Freud's statement that instincts themselves tend to re-establish previous states, and then quickly adds that, after all, they are merely 'habits; whether they lead directly to the peace of death or arrive there by the roundabout route which follows the "sweet habit of life"'. Thus by verbal compromises he tried to reconcile life and death instincts, and to bring them together under a single category of repetitive habit. It is evident that the original conception of the repetition compulsion could not survive such a compromise.

It is only when we turn to the article of Symons,<sup>16</sup> that we find an outspoken, although not too effective, challenge both to the hypothesis of the life and death instincts, and to the conception of a repetition compulsion (cf. pp. 42-5). The author's purpose is first to prove that the masochist never seeks pain as an end in itself, but only as a means to an end which is in itself pleasurable. Masochism does not therefore violate the pleasure principle and can be explained without postulating the death instinct (p. 42).

Symons claims further that 'the examples of an alleged repetition compulsion upon which the theory of the death instinct is based in *Beyond the Pleasure Principle* are capable of being interpreted in terms of the pleasure principle' (p. 42): to wit, all of the examples of repetition compulsion given in *Beyond the Pleasure Principle* would prove on analysis 'to be masochistic formations based upon feelings of guilt and, as has been maintained of masochism in general, can be explained by the circuitous working of the pleasure principle' (p. 44). And again the repetitions are looked upon as 'punishments directed against the self; and their aim is to quell in advance the onset of feelings of guilt' (p. 45).

#### CRITICAL DISCUSSION

Since Freud's use of this concept has led to its repeated appearance in psycho-analytical literature as an ultimate and irreducible explana-

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<sup>16</sup> *Op. cit.*



tion of many difficult problems, it is important to examine carefully the underlying and supporting premises.

The first question to raise concerning this hypothesis is whether it is possible to distinguish clinically the repetitiveness of the repetition compulsion from those repetitions which are common to all neurotic phenomena.<sup>17</sup> The mere fact that a certain pattern recurs repeatedly, is no evidence that this is a result of a *compulsion to repeat* as distinguished from the compulsion which leads to the act itself. *A priori* one has a right to say only that the cravings which motivate this behaviour have not been satiated and that, therefore, they continue to make demands; and furthermore, that the conscious and unconscious forces which determine the form in which gratification is sought are inflexible. This, however, is of the very essence of all neurotic manifestations—whereas, on the contrary, it is one of the essential characteristics of normal behaviour that it should be flexible and variable. To pursue a difficult and inaccessible goal (as, for instance, to climb a certain mountain), may be a wise or unwise act—and the effort may be determined by sound or neurotic purposes; but one would not judge the mountain climber's efforts themselves to be neurotic, if flexibly and with reasonable ingenuity he attempted to scale the mountain now from one side and now from another. If he found it impossible, on the other hand, to learn from the experience of repeated failures and persisted doggedly in trying to scale the same insurmountable face of the mountain, we should have no hesitation in judging his conduct to be neurotic. This, however, would not justify the conclusion that he had a *compulsion to repeat for the sake of repeating*, but only that it was not alone the choice of a goal which had been determined by his unconscious, but the choice of the path to that goal as well. This, however, is precisely what is true of every neurosis.

The problem leads directly to certain other more basic considerations. In the first place, we must remember that there is no instinct in the life of man which manifests itself only once and then forever

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<sup>17</sup> Freud points out in his *Introductory Lectures on Psycho-Analysis* (pp. 330-1) that the core of all affective experiences 'binding the whole complex structure together, is of the nature of a *repetition* of some particular very significant previous experience . . . an exceedingly early impression of a universal type, to be found in the previous history of the species rather than of the individual.' An affective state 'like an hysterical attack is the precipitate of a reminiscence.'



disappears. Every instinctual demand is and must be recurrent—whether it be for rest or for exercise, for food or for sex. The underlying biological basis for this is the periodic tides in the body's chemistry. The search for food, like the search for sex and rest, is itself a repetitive phenomenon. Clearly, however, the repetition of the psychological appetite for food, as an expression of the body's recurrent physiological need for sustenance, is no evidence of a compulsion to repeat, even though it leads throughout life to repetitive behaviour.<sup>18</sup>

The pattern of repetition, therefore, is inherent in the simplest libidinal gratification. At any feeding a child does not suck only *once* to appease his appetite; he sucks *again and again*. In varying degrees the same is true of every other libidinal act, and of every movement of body or limbs which he makes in his effort to reach out for gratification, whether it be by crawling, wriggling, standing, or walking. The animal that never tried more than once would soon die. Repetition of effort, therefore, is inherent in living: and we must take this for granted in all libidinal activities. It attracts attention only when it is manifested in more symbolic activities, such as the early play of childhood, or in the painful symptoms of the neuroses.

In an earlier discussion of this problem by Brickner and Kubie,<sup>19</sup> the authors sought for an explanation of the repetitiveness of neurotic phenomena without departing from the dominance of the pleasure principle. In the first place, they pointed out that all states of neurotic symptomatology involve a form of substitutive gratification which never gratifies. This must be true, because if the symptom fully gratified the neurotic need, such need would disappear, and every neurosis would be self-healing and would never come under clinical observation. Perhaps such neuroses do occur; but as physicians we have an opportunity to investigate only those neuroses which persist,

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<sup>18</sup> It is possible, of course, for an automatic and repetitive, neurotic pattern to superimpose itself upon such normal, biochemically-determined instinctual cycles. Thus the body's need of sustenance may be translated not merely into a psychological craving for something to eat, but into an exclusive demand for only one particular article of diet, and that alone (as, for instance, in the well-known compulsive food rituals of childhood, or their negative image, the specific food phobias).

<sup>19</sup> 'A Miniature Psychotic Storm Produced by a Super-Ego Conflict over Simple, Post-Hypnotic Suggestion', *Psychoanalytic Quarterly*, Vol V, 1936, especially pp. 483-6.



and we must conclude that from the pragmatic and practical standpoint of physicians, *no* neurotic demands that we know anything about ever are adequately satisfied by neurotic behaviour and that all such demands must continue, therefore, to assert themselves in one way or another, as long as the underlying need remains. This, after all, is the basis of all efforts to heal neuroses by the eradication of neurotic drives through psycho-analysis. Therefore, this may be looked upon as a universal and quite inescapable source of the incessant repetitiveness of all neurotic symptomatology.

Brickner and Kubie pointed out further that just because all instinctual demands must by reason of their biochemical origin make their demands again and again throughout life, the functions of the super-ego must likewise be called into action repeatedly each time the instincts assert themselves (like a fire-engine responding to repeated fire-alarms). The instinctual repetitions are basic, primary, and biochemical in origin; the repetitive functioning of super-ego forces are equally inevitable, although secondary to the recurrent manifestations of instinctual pressures. This phenomenon, therefore, can in no true sense be called a 'compulsion to repeat', in which the *repetitiveness* of the behaviour in and of itself is the point and purpose of the compulsion.

Finally, these authors pointed out one further basic fact—namely, that in order to expiate past 'sins', or in order to avoid the danger of committing future 'sins', or at the command of some unseen but commanding presence out of the past ('the parental hypnotist'), the super-ego forces could apparently go into action apart from any immediate, direct, or simultaneous urgency of instinctual demands. Thus, an unfulfilled command out of childhood, like an incompleting post-hypnotic suggestion, or an unexpiated sin, must remain in the unconscious as an uneasy source of energy, out of which flows a constantly recurring demand for some action which will relieve the inner tension. This gives rise to recurrent and well-known compulsive phenomena, the shape and form of which are in turn determined by the play of manifold unconscious forces. That the pattern of these unsuccessful efforts to satisfy neurotic needs should become set in a rigid mould, hardly need surprise us; but the rigidity of these moulds evidently fails to justify the theory that there is a compulsion to repeat 'for repetition's sake'.

The truth of this impresses us even more forcefully when we find in the histories of neuroses that the rigid ultimate forms of these



repetitive patterns have been reached only after a long process of trial and error, during which many and varied patterns of neurotic effort have appeared and been abandoned. The neurotic pattern which finally persists, and which becomes most repetitive and which has so often been characterized as manifestations of a 'repetition compulsion', proves invariably to have been the one that served the largest amount of neurotic demands, or which gave the patient the greatest temporary relief from tension.

Alexander speaks<sup>20</sup> of a 'compulsion to repeat the effort to solve an unsolved conflict' as the basis of a repetition compulsion. Again this would seem to deduce from the bare fact of repetition the doctrine that it is based upon a compulsion. On the contrary, it is a working premise in analysis that in the effort to reduce internal tension, the human organism is incessantly attempting to resolve its unsolved conflicts. When these efforts acquire any fairly stereotyped form, we have a neurosis, whether the neurotic phenomenon takes the form of recurrent anxiety states, depression, frank obsessional ideas or compulsive behaviour, or more complex repetitive patterns of living. To speak of a 'repetition compulsion' merely because symptoms recur is both a logical fallacy and a contradiction of the basic principle which obtains throughout the physical world—namely, that all stimuli of high potential press inevitably towards a state of equilibrium in which their energy shall be equally diffused. This basic physical principle which we recognize in psychological processes as the need to reduce psychological tension can quite adequately by itself account for the recurrent effort to resolve unsolved problems. The forces which shape and mould these efforts, and which in the neuroses or in the neurotic personality force them into more or less stereotyped patterns, account for the appearance which has been characterized as a 'repetition compulsion'.

Finally, we must turn to a consideration of Freud's central argument. Freud<sup>21</sup> characterized the manifestation of the 'repetition compulsion' as a tendency dramatically to relive earlier emotional experiences which left a deep and perhaps traumatic impression—reliving them either in life situations, in play, in symptoms, or in dreams. He pointed to the dreams of sufferers from traumatic neuroses and war neuroses, and to the simple repetitive play of children as

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<sup>20</sup> *Op. cit.*

<sup>21</sup> *Beyond the Pleasure Principle.*



examples of this phenomenon ; and emphasized the fact that the traumatic experiences could have contained no pleasure value and no gratification to the individual, and that, therefore, their recurrent manifestations in the patient's later life cannot be explained by the dynamics of the pleasure principle (that is, that they do not recur in the course of an effort to reduce psychic tension) and can best be explained on the basis of the hypothesis of a 'repetition compulsion'.

To this argument two answers may be given. In the first place a perplexing phenomenon always challenges one to advance hypotheses which might explain it. Some of these hypotheses may explain the specific facts quite adequately. Such *ad hoc* explanations are always dangerous, however, and their convenience as a method of dissipating complexity cannot be taken as scientific evidence of their validity. Of even more weight, however, is the second ground for dissent : namely, that it would seem to be possible to find explanations of all of these phenomena on the basis of the pleasure principle alone. The child who awakens from a nightmare and who finds himself still in the grip of its vivid terror, tries to allay his anxiety by thinking through the dream again and again, in an effort to find a happier outcome in which he may achieve a sense of security by overcoming or escaping the dangerous situation of the nightmare from which he has just awakened. Or again, the adult who has been worsted in an argument turns it over in his mind, seeking the perfect retort which will destroy and humble his adversary. Thus the patient who has been through a deeply traumatic experience may relive that experience in his dreams as in his symptoms, seeking to find a solution which will undo the past injury by picturing him as emerging triumphant and unharmed from its dangers. *That his terror may waken him before he can achieve his goal is an accidental by-product of the intensity of the panic which was associated with the original disturbance.* This gives to the dreams and the experiences of the traumatic neurosis their peculiar and exceptional quality ; but it does not force us to seek an uneconomic explanation of their origin, content, or function. Furthermore, no one who has watched the simple repetitive play of childhood can fail to observe that it serves the same function. Freud himself has made this observation, commenting on the effort at mastery that is manifest in the simplest and earliest repetitive play activities of a child. The repetition itself can be understood quite simply as explained above ; i.e. since the effort at mastery was unsuccessful, while the need for mastery persists, repeated expression of the effort must result.



Thus we are finally forced to conclude that there is neither any need nor any evidence for a 'repetition compulsion'—and that the phrase itself has become a mere descriptive epithet, a psycho-analytic version of the word 'habit', that the virtue of the concept is purely descriptive, and that it can never be called upon either to explain a single neurotic phenomenon, or to distinguish erotic instincts from the so-called death instincts. Whether the so-called death instincts can stand alone and without the support of this concept is a matter which may be left for the consideration of those who find other and better evidence for their existence.



## THE EGO AND THE CONCEPTION OF REALITY

BY

RENÉ LAFORGUE

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Although our daily experience of patients has taught us that their power of adapting themselves to reality, and in consequence their conception of reality, is often singularly impaired, we have so far regarded reality itself, in agreement with traditional notions, as a constant quantity which, for various reasons, the ego of our patients was incapable of apprehending in a normal manner. This emerges most distinctly from the way in which we represent to ourselves our patients' defence mechanism of repudiation of reality. This mechanism implies, as the use of the term 'repudiation' clearly indicates, the concept of a certain given reality which the patient's ego strives, more or less successfully, to repudiate. Many years ago I criticized the choice of the term 'repudiation'. Pichon and I proposed the term 'scotomization' as a substitute for it. It appeared to us more reasonable to picture the conception of reality not as a constant but as a variable. This conception presupposes a complex elaboration of representations of reality, both external and internal—an elaboration which entails a considerable expenditure of libido by the ego, and which can take place in varying directions according to the quantity or quality of the energy which the ego has at its disposal for such work.

It therefore seems to us more reasonable, in the light of our present experience, to suppose that an ego which has not got enough libido at its disposal, both as regards quantity and quality, to attain the conception of reality achieved by an adult individual belonging to our civilization, is, with all the good will in the world, not in a position to elaborate the current conceptions of reality. Such an ego will reach different conceptions, more primitive ones perhaps, as it cannot take into account all the elements which characterize reality for us. It will therefore exhibit, from our point of view, a true 'scotoma' in its mental field of vision as regards the perception or the conception of reality in our sense of the term. That is why we have suggested the use of the word 'scotomization' instead of 'repudiation' which is already used in ordinary psychology to denote a conscious mental procedure which has nothing to do with the unconscious phenomena that we are discussing.



In our work on the relativity of reality <sup>1</sup> we have tried to enter into the details of the problem and to form an opinion of the manner in which the ego elaborates its consciousness of reality. We should certainly have been better advised to entitle our work 'The Ego and the Idea of Reality', which would not have led anybody to the conclusion that our subject was more philosophical than psycho-analytical. It had seemed to us that the formation of the idea of reality implied on the part of the ego an apprenticeship and considerable labour in order to perceive phenomena, both external and internal, and then to co-ordinate them in the direction required by the mental development of its nature, in order to achieve at last the discoveries and the interpretation that conscious contact with reality involves.

We have tried to form an idea of the manner in which consciousness of reality is probably elaborated at different stages of the development of the ego, according to whether the latter is working with a libido which is characteristic of an infantile or of an adult stage of development. In other words we have tried to grasp the ego's conceptions of reality, first at the anal stage and then at the genital stage of its development. We have thus reached the somewhat unexpected conclusion that the conception of reality elaborated with a libido where anal influences dominate is noticeably different from the conception elaborated with a libido where genital influences dominate. We know that the defensive mechanisms of the ego, such as projection for example, enable it to effect economies in the amount of libido expended, taking into account the potentialities of a weak ego as regards the quality and quantity of libido at its disposal. Now the conception of reality formed by the ego at the anal stage of its development is chiefly dominated by the mechanism of projection to which the ego is constantly obliged to have recourse in order to be able to deal with reality and to get over the anxiety which it inspires in the individual. This projective mechanism obliges the individual to conceive reality in a very schematic and static manner, which means that his conceptions will be largely theoretical and rigid, and will fail to take into account a considerable number of phenomena which he finds it impossible to conceive and in consequence to become aware of and which he therefore scotomizes. He may on the other hand be sensitized to the perception of phenomena which will later on lose their value for the

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<sup>1</sup> *Relativité de la Réalité*, Denoël Editeur, 1937.



individual and which will subsequently cease to play a part in the elaboration of the consciousness of reality.

The only conclusion that we can draw from these observations is that reality as perceived at one or another stage of the development of the ego differs considerably in respect to the conceptions formed of it by the individual. It also follows that, according to whether the personality of an adult individual has been crystallized chiefly around one or another of the stages of the affective and libidinal development of the ego, the conceptions that he forms of reality will be made in different directions. We are therefore obliged to conclude that reality, or rather the image formed by us of reality, does not represent a constant but a variable about which different individuals find it difficult and sometimes impossible to agree according to whether they elaborate it in one direction rather than in another.

We have therefore considered it necessary to describe different types of intelligence, that is to say different ways in which the individual can intellectualize reality and use his reason in relation to it. We have thus described different kinds of intellects according to the oral, anal or genital influence predominating in the libido which the ego makes use of in order to intellectualize reality. This description is necessarily very imperfect and schematic like all our conceptions when they are still more or less hypothetical, and it will certainly need to be revised and completed later on. But I do not think that one can do without it, in the very interests of our science, as it will enable us—to take only one instance—to introduce into scientific and especially psycho-analytical discussions a necessary corrective, by taking into account variations between individuals as regards their conceptions of reality and the limitations of those conceptions.

From this point of view the reality of our psycho-analytical conceptions themselves may present itself under various aspects, which will differ from each other according to whether one method of conceiving reality rather than another has been made use of by each individual in building up his own conceptions. In this way we might have to distinguish between at least two categories of conceptions of the psycho-analytical problems that concern us. On the one hand we have static or dogmatic conceptions of the question, on the other conceptions that we might call dynamic or relative. The former would be elaborated with the help of constants and standards conditioned by the affective necessity which obliges the individual to believe in the absoluteness of logic, of reality, of science or of reason. The



latter (the dynamic conceptions) would seek emancipation from these constants and give a more or less considerable prominence to variables—time, space, logic and reality being always conceived as relative and their influence on our ways of thinking or of feeling being looked on merely as functions of other more primitive elements. The difference between the two categories of conceptions that we are trying to outline here may at first appear negligible, particularly where the problems we have to deal with in psycho-analysis are concerned. But, in our opinion, this difference may have tremendous consequences by its repercussion on the behaviour of the individual when he is faced by the problems of reality and of life. The static and dogmatic conception of reality appears to induce people to give first place to reason and to scientific determinism. It shews itself in a more or less pronounced belief in the omnipotence of reason and logic and consequently of science. Dynamic conceptions of reality, on the contrary, seem to me to give first place to what is irrational and indeterminate and thus to lead the individual to make reason bow before the existence of what surpasses or eludes it. According to the prevalence (within a group, for instance) of one or other of these modes of conceiving reality, certain unpredictable consequences might result that would affect the moral plane on which the individuals in a society place themselves in order to regulate the relations between themselves as well as their attitude towards fate.

By taking up as a subject for study the mental apparatus with which we carry out our scientific conceptions, Freud has led us in a direction where we have more and more to face the unexpected and sometimes disappointing consequences of our researches. One of these consequences, for instance, seems to me the discovery of the fact that in the conception of reality elaborated by one person there may be no place for that 'oceanic' feeling [*ozeanisches Gefühl*] which may be present in the conception of his neighbour and friend. For the same reasons one of two people may not admit of any religious belief in his conception, as that would seem to him contrary to reason, while the other may tolerate religion as well as the 'oceanic' feeling even if they seem to him unreasonable and irrational. Owing to the same causes, science or reason may become for one of them the most important aim of his life while the other will subordinate them to life instead of sacrificing the latter to science. The one will say: 'Where id was, there shall ego be [*Wo Es war soll Ich werden*].' The other will retort: 'Where id functions, there shall ego assist [*Wo Es wirkt soll*



*Ich helfen*].’ These different conceptions of reality inevitably manifest themselves by a different conception of life itself; such conceptions in extreme cases reach a point where they mutually exclude each other—an exclusion which may become an irreducible antagonism with all its resultant conflicts.

The dogmatic and static conception of reality will always seek, in a more or less absolute fashion, to exclude any other. For deep-seated affective reasons it will always try to impose by force its own point of view in the name of science or of logic and will lay claim to infallibility. Thus, for this conception, science itself becomes at bottom an article of religious faith that is susceptible of entering into competition with other religions. This is one of the reasons for which atheism as a principle seems to us to be nothing but an article of faith whose concrete expression is the negation of faith. Nothing so far has been discovered which might enable us to put an end to this antagonism. It generates mental conflicts on the individual plane and wars on the social and political plane. Neither is there any means of arbitrating between the antagonists by appealing to pure reason. The utmost we can do is to understand them both and we shall be able to do this to the extent to which we have managed to adjust our own conception of reality to the relativity of points of view. And we can acquire this comprehension, which is so necessary on the social and political plane as well as on the individual plane towards our patients, by the psycho-analytical experience of everyday life. The work of the English psycho-analytical school on the formation of the ego furnishes us with an excellent starting point. The work of Ernest Jones and Melanie Klein on the ego, as well as that of other analysts such as Anna Freud, Nunberg and Hartmann, for instance, has thus largely contributed towards providing the necessary elements which will enable us to locate, both on the intellectual and on the affective plane, a host of problems which have so far remained inaccessible to many—even among psycho-analysts. The assimilation of these elements will, I hope, be of assistance to the younger generation in its struggle to adapt itself to the hard realities that the present day must learn to face.



## CONSIDERATIONS OF METHODOLOGY IN RELATION TO THE PSYCHOLOGY OF SMALL CHILDREN

BY

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A little while ago an acquaintance of mine, the mother of a two-and-a-half-year-old boy, said to me: 'I must tell you something quite extraordinary about my little son. For the last few days he has refused to put on his knickers and has kept on saying that he wants to wear a dress—a pretty dress, like Lini and Evi.' (Lini and Evi are two playmates of his.) 'Yesterday I went into his room and found him, with flushed cheeks and sparkling eyes, playing with his indiarubber doll, which he had not taken any notice of for some time. He was tucking it into his blouse so that his body looked quite fat, and then squeezing and pushing it out again, to the accompaniment of straining movements and noises, as though he was trying to defæcate.' His mother, who had a good deal of insight, added: 'I know why he was doing it. A friend of mine is expecting a baby quite soon, and I have often said to her that I should like to have another baby, too. On those occasions Walter will look at me with great attention, and, now I come to think of it, with a certain amount of concern as well.' I asked my acquaintance what the child's attitude to his environment was. She told me that he was very much attached to her and nearly always preferred being with her to being with anyone else; but that lately he had now and then suddenly left her side and run to other people. She said: 'When he is annoyed with me or feels that I have neglected him, he will go to his father or to our maid and behave in a very affectionate way to them.' She went on to express anxiety as to whether such behaviour was not 'abnormal'. She had always understood that little boys loved their mother and were their father's rivals. But Walter was behaving not like a little man at all, but like a girl. Was it possible that he would turn into a weak and effeminate person? All I could do was to tell her to be patient and to wait and see how the child's development progressed.

About three-quarters of a year later the mother told me that Walter had changed to a remarkable degree. His games of pregnancy had completely stopped. He was ardently and passionately devoted to her and always wanting to escort her about and protect her. He



behaved, in fact, like her *cavalier servente*. His father seemed to be merely a nuisance to him, and he had lost all trace of his clinging tenderness towards him. He was disagreeable to him and hated him and was glad when he went away. As regards his bodily functions, he had become quite 'grown-up'. He despised the chamber-pot and went to the W.C. instead. The only thing was that he masturbated at night rather often.

Unfortunately, circumstances did not permit me to follow the further course of the little boy's history in a consecutive way. I heard that he did well at school and found his independence quite early on. He reacted to the birth of a little sister a good deal later, when he was nine, by having an accident which nearly cost him his life; but he was affectionate with her and took care of her.

My readers may be wondering why I have troubled to give this doubtless instructive but quite commonplace story of a child. I have done so because I think that it illustrates and confirms very clearly certain findings which we have only been able to make as a result of long and hard analytic work upon adults and older children. I have in mind, among other instances, the case of a young man of thirty who came to me for analysis. He was highly intelligent and well-educated, had had a scientific training and was very successful in his work. But he suffered from complete sexual impotence. He had never had sexual relations with a woman. After a longish period of analysis, and in the face of strong resistances, he produced the following recollection from his early childhood. When he was between two and a half and three years old he had a passion for putting on dresses belonging to his little girl-cousins. He used to walk about in them with pride, and obviously not only behaved but felt like a girl in them. On the night before his fourth birthday—he could fix the date exactly—he had a dream, followed by certain experiences, which shewed that, not long after this, he had harboured very intense and bold feelings of love towards his mother, and that they had ended in disappointment. The dream consisted in his performing the sexual act with his mother, and finished up with his micturating in bed. The experiences consisted in being laughed at and made to feel ashamed by the others when he woke up next day, and in being threatened with punishment by his nurse for having been dirty and having wetted his bed like a 'baby'. This experience caused him to give up his 'masculine' attitude once more and to become a quiet, passive and shy child, with a strong inclination for his father. My suspicion that the experience had had



a fateful effect upon his subsequent development was confirmed by the following remarkable therapeutic success which took place in him. On the day after the recollection of the events of his fourth birthday had come up in his analysis (and this did not happen until much long and difficult analytic work had been done) he made an attempt to perform coitus and was successful. His analysis had various further results; and in the end he got married. He acquitted himself well as a married man, felt happy, and was able to cope with the external world whose difficulties had at one time seemed quite insurmountable to him and whose demands he had been almost entirely unable to fulfil. His feminine passive attitude hardly interfered with his life at all.

The similarity between the history of my patient and that of Walter is quite obvious. Both children passed through a phase in which they wanted to be girls; and in both this was succeeded by a phase of true 'masculine' behaviour, to be followed, in the one case by a return to a passive attitude later on.

But I have not brought forward these two accounts, which are not at all unusual in themselves, merely in order to point out their similarities or to furnish the case history of an analytic patient with a parallel taken from direct observation of a child. My real reason for doing it is a different one and is connected with the occasion of the appearance of this birthday number of the JOURNAL. It seems to me that the best way of marking that occasion and of doing honour to Dr. Ernest Jones is to follow up a line of thought which he has himself often engaged in, in the course of his scientific studies.

Dr. Jones has made more than one important and felicitous contribution to our knowledge of the early developmental phases of the child. At the same time he has been foremost in stressing the desirability of bringing out into the open as much as possible the differences which exist in our method of viewing the material we obtain from the analysis and observation of children and in the theories which we build upon that material; for in this way, he thinks, we shall be most likely to understand and clear up the points in dispute.

Accordingly, I should like in this paper to attempt to put before the reader a problem of this kind as plainly as I can. We are still, I think, very far from having solved every problem concerning the young child. And our knowledge is more especially lacking in regard to the psychological events of the very first months of its life. We can, of course, find out something about the subject from a phenomenological



point of view—by means, for instance, of non-analytical child-psychology which sets out to record and collect all the child's reactions to every kind of stimulus, and so on. But we can at most only guess at the sort of instinctual manifestations that go on in the young infant and the sort of way in which its ego, which is still in the making or at any rate quite an unfinished product as yet, reacts to those stimuli. This is not only because the infant is incapable of telling us in words about its inner life, but because its range of bodily expression is so incomplete too, that what it communicates by means of play and action is very little indeed. Bodily expressions of this kind, which in slightly older children can convey so much important knowledge about their instinctual and affective life, are absent in the infant. I think that a tremendous quantity of detailed and persistent observation of babies in the earliest months of life is needed before we can obtain a trustworthy picture of the situation.

My present contribution, therefore, is intended rather to take up a certain standpoint in regard to the methodology of the subject than to add any new facts to our scanty knowledge of the affective life of the infant. Fenichel<sup>1</sup> and Waelder<sup>2</sup> have already made some very important attempts to set out the differences of opinion that exist in this field of research. And although it is the methodological aspect which will principally be emphasized in this paper, we shall find many points of contact with the views put forward by those two writers.

The question which I should like to begin with is that of the relation between what we call the Oedipus complex and that period of development which is known as the 'pre-Oedipal phase'. The idea of the Oedipus complex was established by Freud many years ago. He described it as 'the fateful conjunction of love for the one parent and hatred of the other as a rival'<sup>3</sup> and places it in the phallic phase of libidinal development, that is, in that period of expansion of the infant's instinctual life which occurs somewhere between its fourth and sixth year and which is governed by the primacy of genital excitations. We see that Freud is very precise in his characterization of the

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<sup>1</sup> 'Die Identifizierung', *Internationale Zeitschrift für Psychoanalyse*, Bd. XII, 1926.

<sup>2</sup> 'The Problem of the Genesis of Psychological Conflict in Earliest Infancy', this JOURNAL, Vol. XVIII, 1937.

<sup>3</sup> 'Female Sexuality', this JOURNAL, Vol. XIII, 1932, p. 284.



nature and content of the Œdipus complex. But the importance which he attributes to it in the development of the individual does not prevent him from attaching equal importance to the instinctual occurrences and to the object-relationships belonging to the earlier, pre-genital phases of the child. (These phases, when viewed more particularly from the point of view of object-relationships, were later on classed together as the pre-Œdipal phase.) In those phases, in which the child's instincts obtain their main gratification from the oral and anal zones, it undergoes experiences which are equally important for its subsequent development. It is then, without doubt, that its relations to its objects prepare the way for that 'fateful conjunction' of love and hate towards its parents as it appears in the Œdipus attitude. The various phases are, of course, not sharply divided off, either in time or as regards content. They merge into one another, each succeeding phase taking over something from the one before and each earlier one providing 'precursors' for the next.

As we know, many analysts, in particular Dr. Jones and his colleagues (Melanie Klein and others), employ the idea of the Œdipus complex in a different sense from Freud. They no longer mean by it the 'fateful conjunction' of feelings in regard to the parents which represents the end-product and climax of infantile sexual development; but they assume that the Œdipus complex starts much earlier than Freud has supposed. They believe that it often appears as early as in the first year of life—at a time, that is, when oral gratification still predominates and the primacy of the genitals has not yet set in, and when there is as yet no hint of the 'fateful' effect of a simultaneous love for the one parent and hatred due to rivalry of the other.

In the opinion of these analysts the story of little Walter which we have given above would signify that at the early age of two and a half the child was already in the Œdipus phase—at a time when, although he certainly chose his mother as his love-object, he very easily changed her for his father or the maid whenever he felt displeased with her, and when there was as yet no question of genital primacy. According to their views, if I have understood them aright, there would be no radical difference between the little boy's attitude then and his attitude six months later, when, as his mother said, he had become 'totally changed' and had assumed towards her the typical rôle of a young man in love. Moreover, they 'transpose back' the Œdipus complex to much earlier stages still than those described in the case of Walter. They take it as far back as those quite early object-relationships which



are a necessary outcome of the physiological dependence of the child upon its mother.

The question I want to put is: are we justified from a methodological point of view in altering Freud's conception of the Œdipus complex in the sense described above? My answer to this, I may say at once, is 'no', and for the following reasons.

Walter's behaviour at the age of three was, to use his mother's own words, 'totally different' from what it had been at two and a half, both in regard to his object-relationships (as witness his altered love attitude towards his mother and his new hatred towards his father as a rival) and in regard to the manifestations of his instinctual life. Now there is no doubt, as we have already said, that this typical position of the small boy will contain traces and relics of what he has experienced on earlier levels. It was precisely psycho-analysis which from the very first took especial interest in genetic development and was always at pains to explain what existed in the light of what had gone before. But I think it is an error in method to assume that when there is a genetic connection between various events those events are identical. The fact that A follows from B does not mean that A is the same as B.

I should like to give a very simple example here to shew how inadmissible such a method of argument is.

A man happened to tell a friend of his that he was very fond of big, highly coloured tulips with long stalks. The next day his friend brought him some large tulip bulbs as a present. The man was very much surprised, but his friend was still more surprised at his astonishment. He tried to justify himself by saying that the fine bulbs would turn into wonderful tulips and that having bulbs or flowers in the room came to the same thing. All comparisons are to some extent inadequate. But this one does illustrate one or two points. The hungry baby who wants its mother's breast in order to appease his hunger and to obtain sexual gratification at the oral zone is not, after all, identical with the three- or four-year-old boy who tries to do the same things with his mother as his father does, and would like to kill his father in the process, and who finds an outlet for sexual excitation in masturbation. The tulip bulb contains all the forces which will enable the flower to grow out of it; but this will only happen if certain conditions in the external world are fulfilled, such as that there shall be enough water, earth, air and light. In the same way the boy in the Œdipus situation can develop out of the infant; but that develop-



ment, too, depends upon all sorts of circumstances in his external world. Any changes or peculiarities that occur in those circumstances will exert an influence on his development, although the main lines of it are laid down from the beginning, just as in the case of the tulip its character, colour, size, etc., are already contained in the nature of the bulb.

This procedure of 'transposing back', or of equating the precursory stage with the final state has not been confined to the conception of the Œdipus complex. It has, I think, been made use of in many theoretical arguments. This is not only inadmissible as a method of thought but has led to a good many mistakes and false conclusions.

Many analytic writers, for instance, tend to 'transpose back' the emergence of the super-ego. They are inclined to deny the fact that the super-ego springs from the extinct Œdipus complex, as described by Freud, and they attribute a super-ego to quite small children between the ages of one and two, or perhaps even younger. I believe that this procedure also is the result of a tendency to confuse the thing itself with the earlier stages out of which it has evolved. It is no doubt true that in the pre-Œdipal stage children exhibit certain reactions which are similar to the reactions caused by the super-ego. A child which is being trained in cleanliness may, for instance, shew signs of apprehension and look guilty if it is found out making a mess; and, again, it may give up playing with its excrements, as it used to do with great zest a few months before. But can we fairly ascribe this behaviour to the intervention of the super-ego? Unless we are prepared to apply Freudian terminology to different mental processes indiscriminately, we must reply in the negative. What Freud means by the super-ego is a grade in the ego which, although it has come into existence through the introduction of objects belonging to the external world, is nevertheless already set apart from those real objects. That is to say, the super-ego is an endo-psychic force acting independently of the reality-demands that are being made at the moment by the objects which are actually present. It would cause the individual to renounce an instinctual gratification without being required to do so by any person, and even if no one in the external world were noticing whether and how he was doing it. But the small child in the pre-Œdipal phase gives up its gratification not because a part of itself demands that it should but because it is afraid of the reactions of the persons around it—that is, because it is afraid of punishment or loss of love. It will calmly do 'wrong' if it knows it will not be found out or if it is on bad



terms with its love-object and so does not at the moment want or need love from the latter. A command from the super-ego has to be obeyed without regard to the object ; and any disobedience will be followed by an intense sense of guilt and internal torment. Of course it is true that that state in which an instinctual renunciation is made from fear of loss of love on the part of the object is a precursory stage in the subsequent formation of the super-ego. But an important process of development must still be gone through before the super-ego can emerge from this early reaction of anxiety.

We might go back still further. We know that in the fertilized ovum which lodges in the wall of the uterus all the forces and all the pre-conditions are present which are necessary for the production of an individual belonging to the species *homo sapiens*. But we shall not make the mistake of calling that fertilized cell a human being. The same principle applies to the separate parts of the body and the mind. As regards the latter, there exists in each embryo a congenital instinctual disposition which can, under the influence of very varied internal and external factors, give rise to extremely complicated instinctual constellations. In the same way we must assume that the embryo brings with it into the world the nucleus of a future ego, that the attitudes and forms of reaction of that ego, as it emerges, are subjected to the influence of its environment, until a distinctive personality finally takes shape. But, to return to our simile of the tulip, there is a great difference in actual fact between whether the bulb has reached the bud stage or whether it has grown into a full-blown flower. If the necessary pre-conditions are lacking the bud will never become a flower, or only an incomplete and stunted one.

We can see how strong the temptation is to equate a finished psychological phenomenon with the earlier stages out of which it has proceeded and to transpose back mental products to a period of life where their existence is not susceptible of proof or disproof, from the fact that a good many analysts are inclined to take it as an established thing that babies, when they are only a few weeks—or is it days?—old entertain such phantasies as ‘ robbing the mother’s body ’ or ‘ getting out of her the father’s penis which she has obtained from him in copulation ’ and other similar notions. Of course we are perfectly familiar with those phantasies and many others from our analysis of adults and children, as they are told to us in words and actions, and, in the case of children, in play. I shall be reminded that what psycho-analysis has endeavoured to do from the very first is precisely to trace



back phantasies, wishes and affective reactions like these to earlier periods of development. I agree, and I think that analysis has succeeded in this task. But Freud has always insisted that in making the attempt we should produce confirmatory evidence for our conclusions. And he has always done so himself. In adult analysis we obtain evidence of this kind from our patients' recollections; and in the observation of children, from their play. The two sources of knowledge are complementary and bear each other out. It is true that with infants we can, as has already been said, observe their reactions to stimuli, but so far we have no empirical knowledge whatever upon which to base a judgement as to whether any such phantasies as the ones mentioned above are already attached to those reactions or not. We can observe that out of the suckling's need for nourishment there develops later on a psychological attachment to its mother, and we may perhaps be justified in assuming that the unpleasurable stimuli which it experiences, such as deprivation, pain, etc., give rise to aggressive trends in subsequent life. But here, too, we must not confuse a precursory stage with the final state, and we are not justified in equating the child's later phantasy of taking something away from its mother with its earlier reaction to a disturbing stimulus. A very important process of development has to take place before the one can emerge from the other.

Similar doubts and objections must be felt when we hear the affective states of small children given names that have hitherto only been applied to the gravest pathological conditions in adult persons. It seems to be more than a mere terminological inexactitude that the sorrow which a child shows when its mother leaves the room should be called a melancholia. Here again I think it is a question of confusing the rudiments or part of a thing with the completed whole. Melancholia is a very highly complicated pathological state of mind, which no doubt contains the affect of 'mourning' and in which loss of love also plays a rôle. But nevertheless it is something quite different in its entirety from the sadness of a lonely child.

Again, analysis may enable us to discover that a patient who is suffering from paranoia had, in the first years of his life, felt that he was being neglected by his mother and had thought her responsible for a great many of his troubles; but we should be making a great mistake if we said that the small child who brings unfair reproaches against his mother was suffering from paranoia or had a paranoic disposition. It seems to me that if we are not continually on our guard against equating



later developments with their earlier stages we shall inevitably be led into imagining the existence of mental processes in early periods of life where we have no means of verifying our assumptions empirically. It is owing to this mistake that the genetic-dynamic method of research employed by psycho-analysis (which is legitimate in itself and has always depended on empirical principles) has been brought to a *reductio ad absurdum*, and that the Freudian discoveries which have up to now been made concerning the development of the child's mental world have undergone distortion. It is quite evident that such a method of procedure as this must lead to consequences of this kind. For by assimilating early stages with late ones it passes over the developmental processes and is thus seen to be a genetic-dynamic method only in appearance. When we study a developmental process we observe what happens to a given phenomenon under the influence of the most varied factors, both internal and external. To equate the initial product with the final one is to ignore the operation of those factors and of the dynamic process. As Waelder has already pointed out, the adherents of this school of thought do not give due weight to the influence of reality. And I think we might add that they overlook the existence of a process of development within the individual himself. Just as pre-analytic psychology denied that there was such a thing as the unconscious, so do they deny that there is such a thing as a dynamic development of the personality under the influence of external forces.



## SOME REMARKS ON THE FORMATION OF THE ANAL-EROTIC CHARACTER

BY

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In 1908 Freud published his work on 'Character and Anal Erotism'<sup>1</sup> which contains a statement that people who are exceptionally orderly, parsimonious and obstinate had as children taken a long time to control their motions and even afterwards had had to complain of isolated accidents relating to this function. Accordingly character would be something that we acquire, in exactly the same way as any other group of psychogenic symptoms, and would stand in a causal relationship with the vicissitudes of our instinctual life; the anal character would, thus, be based on a fixation during the anal phase.

This paper properly gave rise to a vast number of publications, in one group of which the original triad of anal-erotic character-traits was elaborated into a constantly expanding series of mental attributes. Ernest Jones, with his remarkable critical ability, profited by a wealth of observations drawn from the field of his own experience as well as from that of other workers to create the most satisfying picture we possess of the anal character, i.e. he has provided us with an elaborate catalogue from which those who are anal erotics by disposition or training seem to make a choice dictated by their individual experiences. Numerous other publications concerned themselves with the oral and the genital characters. But it now became apparent that the types of character supposedly associated with the separate sexual zones overlapped. What some of us rightly characterized as anal, others with equal justice attributed to oral strivings. That two diametrically opposed qualities such as parsimony and extravagance should be traceable to the same causes could be explained by the phenomenon of over-compensation. It only remained to try and complete the picture by discovering the conditions under which these qualities emerge in an individual. But the fact that various character-traits were believed to be sustained from different instinctual sources showed us that the erotogenic zones, to which we had previously attributed

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<sup>1</sup> *Collected Papers*, Vol. II.



paramount importance, could not be regarded as the essential genetic factor.

Thus it was that Freud in his second series of lectures expressed himself somewhat pessimistically regarding the possibility of making further discoveries in the sphere of characterology. Meanwhile, too, psycho-analysis had turned aside from the study of the instincts, which had been its constant preoccupation during the first decade of its existence. Research into the origins of the super-ego (which included some excellent contributions by Ernest Jones) made rapid progress; and finally, interest began to be centred on the development of the ego. In this way 'character-analysis' became an essential branch of our analytic practice. The time has come for us to reopen our early investigations, and the present moment when we gratefully remember Ernest Jones's inspiring influence provides us with a welcome opportunity. In undertaking this task we shall not have occasion to introduce important new problems but merely to restate our early observations in current terms. For Freud himself brought his pioneer study of the anal character to a conclusion with the following sentence: 'The permanent character-traits are either unchanged perpetuations of the original impulses, sublimations of them, or reaction-formations against them.'

Let us examine in the light of Jones's description of the anal character the various occasions which produce a stimulating effect. By so doing we shall more readily understand how this comes about.

When a child is no longer altogether incapable of moving about, the time has come when his nurse will have to set store upon his learning to control the anal function, for he is 'such a big boy now'—besides, the whole house would be made dirty. The nurse must therefore require the child to perform at a time and place convenient to her and not otherwise. These obligations—how often the child has to be planted firmly on the pot so that the room may be tidied—entail conflicts with the child's desire for pleasure generally, e.g. his play, and not merely with the purely anal aspect of it, that is to say, the pleasure he derives from the accumulation and occasional surrender of his fæces as well as his delight in playing with them.

It is a fundamental feature of the infantile anal complex that it introduces for the first time a sense of social obligation into the life of the growing child. For the first time he has to choose between the pleasure to be derived from his bodily functions (momentary auto-erotism) and the love of those in authority over him (the promise of



their future esteem). Some of us decide in favour of immediate pleasure at any price, even at the price of our future salvation ; others refuse to have anything more to do with their bodies and live only for a future reunion with a divine parent. Others again know only a life of compulsion, in the sense that they can only enjoy something if they have permission or else only if they have been forbidden to do so. Many too succeed in escaping from an external compulsion by substituting an inner one. This enables them to make themselves independent of the love of their capricious present-day authorities, whose influence however is henceforth permanently established within them in the guise of eternal superhuman precepts. It is true that the processes of super-ego formation only later achieve their final form. But the influence of the anal phase on the super-ego is incontestable ; thus one has the impression that the super-ego of the obsessional neurotic is an anal-erotic one. Its punitive aspect especially is often to be traced back to the experiences of this early period.

That it is not the erotogenic zones but social demands which afford the decisive consideration is clearly seen in those cases in which other social demands are presented almost simultaneously with the anal ones. Thus many children are already at a very early age allowed to sit down to table with their parents—because a small child behaves too comically on such occasions, often looks so attractively dirty and generally does so many ‘charming’ things which are forbidden to others (crows aloud with pleasure over the jam, pokes his fingers in the vegetable-dish), or else because the father would otherwise hardly ever see his child—in other words to satisfy anal-erotic, rebellious, or paternal desires in the parents. The little child soon finds himself confronted with requirements in respect of eating similar to those which he must observe in connection with defæcation : he must deal with a certain quantity at a given time and place and not otherwise. The feeling that eating is an obligation is especially marked in depressive cases, in which oral and anal factors intermingle. The pathological hunger which arises in anxious, manic, and depressive subjects presents an oral counterpart to diarrrhœa, a compulsive bursting asunder of the bonds of compulsion, while an incapacity for oral pleasure accompanied by regularity in eating as regards time and quantity characterizes the obsessional type.

The differences between this oral-anal character and the anal character in the narrower sense of the term correspond to the different zones concerned. Moreover, insistence upon a correct procedure and



order of carrying out the single movements plays an important part in eating but not so much in defæcating. Thus it creates a disposition not merely to orderliness but, beyond it, to pedantry. Furthermore, anal training is mostly entrusted to the mothers or nurse, love and hate are directed towards her and her successors, and the super-ego which thus arises is a maternal one. In oral training, on the other hand, the father very frequently intervenes. In so far as the effects of tasks imposed in connection with eating contribute to super-ego formation, it is in many ways a paternal super-ego which emerges. Besides this, the child's reply to anal demands, in so far as it is a negative one, takes the form 'I cannot', ultimately leading to an attitude of rigidity (thus defiance develops); on the other hand in oral training, when the child is forced to take nourishment against his will, he has recourse to clenching his teeth (thus rage is engendered) or to spitting out food which has been forcibly introduced (thus a scornful attitude is encouraged). Hence, different leading affects correspond to different leading instincts. Lastly, eating is a receptive activity, whereas defæcation is the reverse of this. As Perls was able to show in the paper which he read before the Marienbad Congress, this mode of reaction acquired in connection with eating may spread to other, e.g. intellectual, activities. Whereas most people, acting in deferred obedience, only enjoy the intellectual fare which is permitted to them, others regale themselves without restriction; some immediately disgorge undigested matter, others again never cease masticating the same material and only a few are independent enough to allow their choice to be dictated by a consideration of their own pleasure, masticate the material appropriately and assimilate it. In this connection it should be pointed out that mastication provides one of the principal sources of friction in the oral training which proceeds during the anal stage. So far as I am aware van Ophuijsen has been the only writer to call attention to the significance of this factor in spite of the extensive part it plays in relation to states of depression as well as to the formation of character.

Once our interest in the formation of anal character-traits has been transferred from the sexual region of the anus to the factor of social requirements, we shall begin to understand not only the complexity of the characterological picture but also a phenomenon which has hitherto remained largely incomprehensible. Freud was very soon impressed by the symbolic equation which obtains in our society between fæces—dirt, the least valuable thing—on the one hand, and



money—gold, the most valuable thing—on the other. He pointed out that during the anal stage the child attaches an extraordinary importance to his faeces or to the act of parting with them. After all, his mother's happiness (especially if she is anal-erotic), the life and health of the child and, most precious of all, his mother's love seem to depend on the problem of his faeces or a proper and unstinting surrender of them. But once the child has learnt to control his motions so that he might well assume that he had ensured the love and the health of a supremely happy mother, a great disappointment awaits him: is it such a wonderful achievement to control one's motions while one is awake? The child is now expected to keep them under control even while he sleeps, and so it goes on: once he has learned to accomplish something on which the love and happiness of his parents had seemed to depend so long as he could not do it, once the mighty feat has been achieved, it immediately loses its importance and makes way for fresh demands—'once you have learned to read, once you have mastered the multiplication table,' etc. His whole life long he is perpetually being reminded that the secret of happiness is to be found in things which he cannot do, in places where he is not. Over and over again the mighty feat goes unrewarded, indeed in many cases it might almost be said that the accomplishment of a task is followed by punishment. For formerly the child was treated as the baby; now he is compelled to behave like a big boy. Very often, too, he was the youngest, or an only, child, the centre of his parents' attention. But just about this time, when he has completed his first great social achievement by learning to control his anal functions, a new child frequently arrives on the scene to claim the love and attention of his parents. This is no mere coincidence: it happens only too often that the anal training of the child is hurried forward because another child is expected and so the little one has now to play the part of an older boy. His disappointment at finding that the success which he has at long last achieved has lost its value often mingles with the terrible reverse which he experiences when he learns that he is no longer allowed to be his parents' baby and only child.

A child may react in a variety of ways when some achievement which had previously seemed important loses its original value. The most satisfactory solution of the problem is found when the child, prompted by his wish to grow up, accepts from his teachers their estimate of the importance of the new demands made upon him, and thus of his own accord brings about a depreciation of the earlier ones.



But this mode of reaction is not by any means attained by all children. Many children give up their achievement and thus succeed in drawing renewed attention to its value. They remain eternally little children even if they have to pay for their obstinacy by renouncing almost everything else or even by submitting to punishment. Many children revert to unclean habits when a rival appears. In others this event will give rise to chronic constipation, which may at the same time signify pregnancy. At this period of neglect a child will often suffer from colds; here the social obligation to surrender the mucus to the proper person at the proper time and in the proper manner (to blow his nose into a handkerchief), and not to let it dribble or swallow it down, facilitates a displacement on to the respiratory system. Asthma is commonly acquired in this way, and, in one of my cases, there was an imaginary chest pregnancy which was resolved by an extensive coughing up of babies.

A considerable number of people fail to accomplish the necessary devaluation of earlier aims, feel that they have been betrayed by those in authority over them, and, reacting in deferred obedience, obstinately persist in attributing a high value to things which possess none, always hoping against hope that the infantile side of their parents will ultimately be evoked. Again, the stupid and treacherous individuals who exercise authority over the child may be tricked by obedience and tormented by pedantry.

When the child's training in eating has been successful, the process of absorbing nourishment is adjusted to the conditions of the moment alike in point of time, method, and amount. The 'correct' way of eating becomes so automatic that hands, mouth and eyes are free to concentrate on parental requirements as regards social behaviour and consideration for others. When the child's anal training has been successful, he passes his faeces only when time and place offer a favourable opportunity. His internal attitude then corresponds to the following formula: it is now possible, it is now permissible, and, after appropriate preparations, it is done by the child's person while his ego is perhaps elsewhere. The pleasure derived from the process and from the executive organ concerned often scarcely penetrates into consciousness, if it does so at all. When the child is unwilling to renounce this pleasure, we are very often dealing with a defiant reaction on his part: he has not succeeded in effecting the requisite devaluation of the function and still hopes that his mother will one day withdraw her own diminished estimate of it. But in a very



considerable number of cases the ego is unable to disinterest itself in the great performance and allow it to be regulated by automatic agents. Under pressure from the super-ego, the ego repeatedly declares: 'I will, I must produce stool now; otherwise I shall fall ill.' In this highly important task it wants to feel both pleasure and that it is loved.

This inability on the part of the ego to withdraw from the scene is due to the third of the social obligations previously mentioned. After the child has been trained to control his faeces (and urine) during waking hours, not only is he expected to treat the fulfilment of the original task as of no account but he must now also learn to remain clean while he is asleep. This has the result of creating a conflict between his training in cleanliness and the injunction to sleep: at the same time and for the same reason that the child must learn to control his faeces (and urine)—namely, when he is no longer tied to a particular locality but is able to run after his mother at all times, and wherever she may go—it becomes an urgent necessity to make arrangements to be relieved of his presence at certain times. This is how the child feels it: he is told that sleep is good for his health. That is an example of the wisdom of adults, or, as the child often thinks, a mere pretext. The parents simply wish to be left in peace, to exclude the child so that they may not be disturbed (experiences of the 'primal scene'). If we are now familiar with many of the child's complicated mental processes in this connection, this is due specifically to the investigations of psycho-analysis. In order to have her child out of the way, a mother will say to him: 'You can, you must fall asleep. You shall not see the light, you shall not hear your doll calling to you, you shall not feel your arms and legs.' To this extent there is a parallel with anal demands, with the difference however that we cannot talk of a primary zone in relation to sleeping and that the aim is the negative one of eliminating perceptions.

But sooner or later a new factor is introduced: the child must now control his faeces and urine while he is asleep. Thus on the one hand his mother bids him lose all feeling but on the other she is saying: 'Pay attention to your need to defæcate and micturate, suppress it if you are able to, but failing that wake up and call me or go and sit on the pot.' Thus the mother reveals her inconsistency; she becomes a bad and unjust mother. We are familiar with the mendacity which characterizes so many bed-wetters: their behaviour has been acquired from the mother, inasmuch as her conduct at this period often presents



itself to the child in this light. Similar complex processes may be set in motion by this particular conflict and lead to the development of ambition, although here, as I have already explained, certain experiences of puberty are an important factor. At this period the child will very often become defiant and inaccessible. His mother has disappointed him. His own ego must offer a substitute for the love which he has lost, his own ego which aspires to be omnipresent. His wishes are to be omnipotent, even when the ego is elsewhere, is asleep. And again, many an anal-erotic fears nothing so much as that something may happen 'of its own accord', not 'deliberately' but automatically. He must be present everywhere and attend to everything himself. External compulsion of any kind is an injustice. He alone may inflict compulsion on himself (and on others).

These observations on the subject of the anal character are necessarily brought forward merely as suggestions. They do not enable us to dispense with the necessity of studying so comprehensive and exhaustive a work as that of Ernest Jones; on the contrary, they are expressly designed to revive our interest in it. To be sure, the centre of interest has now shifted from the sexual zone and aim involved to the factor of social demands and the reactions to these. For childhood, to which we must look for the origins of this type of character, is the period in which the individual, having acquired the capacity for locomotion, must learn to grow up and become a member of the community; yet he still remains so helpless that he feels that he is to a very large extent the object of an external compulsion. Almost his sole resource is a defiant, seemingly passive resistance or a negative reaction (of scorn or rage). During the preceding, oral, phase of development, his helplessness had been a protection against parental demands, an instrument for getting help. His further progress towards the phallic stage will bring him into competition with the outside world and ultimately lead him to open, co-ordinated positive action.



## SOME OBSERVATIONS ON KNOWLEDGE, BELIEF AND THE IMPULSE TO KNOW

BY

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The problem of knowledge and belief, which has exercised so many philosophical minds, comes to our psycho-analytical attention in a very homely way. For we find that some of our patients know without believing or believe without knowing, and the task devolves upon us of eliminating the tension between these two processes. Fortunately, we are not limited in our attack on the problem to abstract considerations, but have several points of support well known to us from daily clinical practice. For one, we know that a sense of omniscience is to be considered in general as part of the native endowment of every baby, a part of his narcissistic birthright. For another starting point, we have the investigatory impulse, which, particularly in its sexual manifestations, has been much studied and which can be traced back to an early age. The extraordinary proliferation which manifestations of this impulse attain in certain obsessional cases is well known. Less attention has been paid to its manifestations in other types of neurosis, though they have been noted.

A certain aspect of the impulse to learn and its relationship to repression was particularly lucid in a hysterical case. The patient, a woman in her middle thirties, the only child of a Western ranch owner, spent her early childhood playing with the children of her father's labourers, learning a great many things about sexuality, adult and infantile. She was early aware of her father's anatomical make-up and was able to draw inferences as to coitus from certain impressions acquired on the sleeping porch she shared with her parents. For the first six years of her life her investigations into sex were unhampered and her conclusions on the whole correct. In this investigation she was naïve, natural, and unconcerned. One fact came to be shut off from her, and that through a traumatic event, the structure of her genitalia. Her natural bent for research suggested to her that she should find out for herself what her vulva was like and to that end she inserted a finger between her labia. At this point her father walked in on her and told her sternly that she must never 'do that' again. It is literally true that she obeyed him for over thirty years. She turned



her curiosity into a field approved of by her parents ; they had told her about the sex life of flowers and birds in the conventional way, and she seriously followed this cue, becoming unusually well informed as to wild life. She began botanical and zoological collections and took great pleasure in tramping through the woods. But in spite of these interests and satisfactions, she was in the position of a hearty eater put on a bulky reducing diet ; she was not finding out the right thing in the right way. Sexuality and knowledge remained linked, and in her teens she appropriately turned to a teacher to remove her father's injunction, or as she thought, to be enlightened. This man understood her, and to enlighten her, along with his explanations, produced an orgasm by manipulating her genitalia. She chose a calling which would bring her into contact with human sexual facts, and on several occasions tried to 'find out' by going to bed with a man, but, with great anxiety, stopped the sexual proceedings at the point of penetration.

Her type of resistance was correlated with the structure of her neurosis. Consciously very amiable and amenable, she responded readily to interpretations of her sexual wishes, participating intellectually in the interpretative work ; but then to her astonishment she would bring in a dream full of botany and bird-lore which completely took back statements of the day before on which the sexual interpretation was based.

Another young woman, also a hysteric, came to analysis under the impression that in a week or so a very knotty current problem would be thoroughly solved. She believed herself a very conscious person, who understood people very well, and that a simple explanation of one or two incompletely understood points would clear everything up. Her reaction to an interpretation was essentially that now her self-knowledge was perfect and that she need not come any more. Her first shock came when she was told that she was not a good psychologist with respect to a certain person. Her subjective sense of knowing practically all about herself and other people did not in fact correspond with the objective situation, for she misunderstood her parents, her brothers and sisters, her husband and children, and particularly her relationship to them. It was as though she lived in an epistemological enclosure, where everything was known and understood, and a novel idea simply meant a slight enlargement of the fence.

This subjective sense of psychological omniscience was linked to



her analytical resistance to knowing. Her sexual experiences in fact went back to her third year. Yet, when she began her analysis, she dated her first sexual information from some instructional talks given her in her thirteenth year by her mother. She had indeed repressed her infantile knowledge and with the repression had felt a lack, a gap. To offset this feeling she became a voracious reader of girls' books and modelled herself on the good girls she read of there. Somewhat older, she turned to romantic novels. Blocked by repression in her epistemology, she developed as it were successively an ethic, and then a psychology, as a guide to life. For she formulated her psychology in terms of the heroine of a romantic novel, and opposed the analyst's interpretations with formulations derived from this source. She was a most insistent questioner, posing questions in the main that were unanswerable and which were designed to divert the analyst. She wanted an answer but was satisfied with any kind at all, as a child is satisfied with a nominal answer: 'what makes the sky blue?' 'it's the blueness.' On the analyst's refusal to give her an immediate answer to every question her pain was intense. For, it became evident, these 'answers' were really not answers but magical material to repair the fence where she felt a threatened breach in her omniscience. The analyst, she thought, like the philosopher in the poem, 'stopft die Lücken des Himmelblaus' ['fills up the holes in the sky']. That our discussions of knowledge, ignorance, intactness and defect shewed that knowledge was phallic, ignorance a symbol of castration, was not in itself unusual. If knowledge is power, she jokingly remarked once, ignorance is bliss. But apart from the castration-complex aspect, it was evident that, in this patient, repression had produced a sense of limitation of knowledge, which was perceived as a narcissistic weakness, which in turn had to be compensated for and reduced more or less magically. Her reading and naïve philosophizing as well as her questioning were magical methods of recovering her sense of narcissistic unity and omniscience.

Other artifices devised to overcome a painful sense of ignorance will occur to analytical readers. As in many other fields, Ernest Jones here too is a pioneer. Under the title 'Simulated Foolishness in Hysteria',<sup>1</sup> written in 1910, Jones vividly describes the child's behaviour when he is disturbed by an imperfection in his knowledge. 'When a mother chats with her intimate friends over various private topics, frequently

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<sup>1</sup> *Papers on Psycho-Analysis*, Third Edition, Chap. XXV.



the child will resort to the strangest devices in order to stay in the room and listen to the conversation. Then when someone remarks him, and by her look insinuates a doubt as to the propriety of conversing in his presence, he will interrupt his innocent crooning over his toys and indulge in exaggeratedly foolish antics, to disarm, as it were, the suspicions of the company by convincing them of his thorough simple-mindedness and innocence.'

A young man of the obsessive type strove to recapture his sense of omniscience in a different way. His mother's pregnancy and the events centring around the subsequent birth of a sister were early subjected to profound repression. To offset the ignorance which in this case he definitely enjoined on himself, he decreed himself a fantastic omniscience. This affected his work in school and his later career, to the extent that he found it hard to accept the fact that others might be superior to him in knowledge. A good memory enabled him to comply with the demands of his educators, but he was contemptuous of them and preserved a sense of secret superiority, believing them only when he could reformulate their teachings. He became a typical hypochondriac with more medical information than a doctor, a theoretical economist unable to cope with his simple accounts. In his analysis, he would ostensibly ignore an interpretation, or 'improve' it, assuming an air of having learned something, adding his comments and corrections and remaining unconvinced. Though he was in no ways averse to theorizing, he often charged the analyst with doing so. This charge was simply enough analysed: theories of other persons were to him their fantastic inventions, and quite specifically the sort of phantasies he had heard from his elders in regard to sexual matters. The structure of this case was typical and of no importance here; the point to be made here again is the narcissistic defect, the offence taken by the patient at his self-imposed ignorance, and the magical devices he introduced to reinstate a sense of omniscience.

It often happens that a patient divides the world of information into two spheres roughly: a sphere of that which he believes because he has always believed it (i.e. from the child's standpoint 'what I know'), and a sphere of knowledge that is imparted to him and which he can take or leave (again from the child's standpoint, 'what they tell me'). Patients who are the children of physicians, and who may themselves be physicians, often illustrate this dichotomy by bringing up old fashioned medical theories in explanation of their neurotic symptoms. One patient of this group, railing against psycho-



analysis at home, led his wife to say, 'You sound exactly like your father', which was the correct interpretation.

To summarize what has been presented so far: in many persons a repression is perceived narcissistically as a blow to their omniscience, which they try to repair through real or magical means. It also happens that later any insult to narcissism, whether in the field of knowledge or in other fields, evokes as a response an assertion of omniscience or a setting into play of the investigatory impulse in an attempt to recapture the sense of omniscient perfection. The magical methods used vary; several examples have been given as types.

To leave the topic of knowledge and its relation to learning and omniscience and to consider the topic of belief, we may state immediately that in a certain sense, belief is a partial omniscience—a statement we must hasten to clarify. When knowledge obtained from the persons' own perceptions or from others failed to produce the conviction of its validity, in the cases studied something was added: a magical approval or amendment, a magical comment, or a magical act, a narcissistic sanction which then endowed the fact with trustworthiness and made it worthy of belief. What was striven for in these mechanisms was obviously a repetition of the sense of narcissistic perfection and omniscience. Even when the father's opinion was brought in to produce the same sense of security, the same essential device was at work, with the familiar shift of originally narcissistic omniscience to the all-knowing parent.

There are certain phenomena known to us from analysis which will tend to clarify the notion that belief is a partial omniscience. Besides the examples of belief, given above, which stood in relation to facts or learned ideas, there is another type which does not depend on learning or evidence, but which is immediate. Of this type is the phenomenon of *déjà vu*. This is a sense of familiarity with an event which takes the subjective form, 'I have seen or done this before', which, as is well known, Freud explains by saying that the person has in some sense really seen or done this, that he is repeating an element of some earlier situation. From this, it should follow that the element of belief which appears in the experience is itself a repetition: viz. a repetition of an early confidence in one's perceptions, a justification of an original sense of omniscience. Another example of immediate belief is to be found in analytic work when the patient recaptures an infantile memory. His conviction when this occurs is striking. Whether he is surprised or whether he alleges he must always have known the fact



in question, his certainty as to its reality is always beyond question or need of evidence: he believes. This belief itself would represent the repetition of an element in the original situation, for clearly if a memory is regained, repression has been lifted, the damage done to the sense of omniscience has been repaired. The belief, then, which is an accompaniment or part of the memory is a repetition of the feeling of conviction or belief that was an element in the original sense of omniscience that was present before the repression. With the remembered infantile experience the patient regains a part of his infantile omniscience, and this is registered as 'belief'.

Apart from analytic experience, it is quite probable that such phrases as 'all men hold these truths to be self-evident', or philosophical systems of knowledge which begin with an appeal to the self-evident, or those which predicate a surer and higher non-empirical knowledge, owe their emotional appeal to their harmony with the unconscious trust in the original narcissistically orientated conviction that everything is known and that what is true is self-evident. Somewhat differently, an 'intuition' brings with it an indisputable and immediate belief. It is known that such intuitions can often be traced to unconscious mentation and that their emergence is the equivalent of an instinctual release. In fact, intuitions, inspirations and the like are not infrequently attributed to a 'daimon', a 'genius', and in this sense the feeling of their evidential value rests on a repetitive omniscience.



# CONTRIBUTION TO THE PROBLEM OF VAGINAL ORGASM<sup>1</sup>

BY

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Results in the therapy of psycho-sexual difficulties in women are frequently not quite satisfactory. Psycho-analysts particularly interested in feminine psychology have noted this fact. Many have therefore concluded that they must be content if they can help the patient to adjust herself to incomplete sexual gratification and to sublimate the sexual desire by converting the penis envy (which some analysts regard as the central problem) into the wish for a child. Nevertheless we cannot accept this solution as the final aim of therapeutic endeavour—least of all, if we understand the pathogenesis of this inability to attain complete sexual gratification. To assume that one single problem is responsible for all the difficulties is to impede our progress towards a solution from the very start.

Psycho-analytical literature presents a variety of approaches to the problems of feminine psychology and sexuality. The consensus of all the investigators (whose material was gathered from many different patients) indicates that the major factors in the conflicts creating vaginal anæsthesia are: Œdipus fixation, unconscious guilt accompanying aggression towards both parents, masculinity strivings, rejection of femininity, and penis envy. Although these investigators have added to the understanding of feminine psychology and helped patients to adjust better to social and sexual life, still, in the treatment of frigidity, they have not always succeeded in bringing about pleasurable orgasm. An important reason for this failure, I believe, is the incomplete and undetailed analysis of sensation in the vagina. Patients who complain of sexual anæsthesia or inability to reach vaginal orgasm during intercourse can describe in detail vaginal sensations of greatly varying degree, quality and location. If these are to be understood they must be thoroughly analysed.

In the initial phase of analysis complaints of sexual anæsthesia are nearly uniform but as analysis progresses minute yet important differences emerge. For further progress and better understanding, these minute changes in vaginal sensation must receive continuous detailed

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<sup>1</sup> This outline will be followed by publication of a detailed analysis of case material.



analysis. The usual complaints are : absence of any sensation in the vagina during coitus, vaginal excitement accompanied by tenseness and irritability, at other times extreme pain during intercourse. At times various feelings are attributed to circumscribed parts of the vagina : for instance, sensations in the upper, but none in the lower region. Or, if at first they confuse the clitoridal and vaginal sensations, later in the course of analysis they learn to distinguish between clitoridal, superficial vaginal, and more deeply vaginal sensations. Sometimes relaxation is attained with no other gratification. As analysis progresses these sensations may change their character as well as location and itching, griping pulsations, both exciting and irritating, will be described. In advanced analysis pulsations may occur during the analytical hour and also at other times, lasting days and accompanied by insatiable and even unendurable desire to feel the penis constantly within the vagina. This is felt as a hunger sensation of a sucking nature, with keen excitement before intercourse, but no gratification. The vagina was called a monster, constantly hungry, by one woman who felt that before and during intercourse she was ' a great big mouth eating herself up ' because she could not attain orgasm. Coitus was always very painful to her, but the desire to have the penis inside her vagina made her endure it. She could not relax from her excited state because she feared she would not be satisfied. When later she was able to achieve orgasm, it was accompanied by angry shrieking and a grasping sensation as if her vagina ' reached out like an octopus '. The tension just before orgasm was characterized as an ' inability to let go '.

It became evident that the varied vaginal sensations described by patients were all of oral type. The inability to cope with the reality of sexual functioning had its deepest roots in the earliest mother fixation. The constant hunger for affection, guidance, and dependence, the need to be ' filled up ', characteristic of all these patients, was mainly responsible for the failure to attain sexual gratification. In all, the equation of ' Vagina=Mouth ' was dominant. This problem of orality, the identification of vagina with mouth, is stressed by other authors. The importance of the little girl's attachment to her mother and its relation to the disturbances of female sexuality have been studied by Ernest Jones and others of the British group. In his latest writings Freud again has stressed the significance of the pre-history of women in the understanding of female psychology.

In that early infantile period the eating-up and filling-up tendencies



are outstanding and closely linked to the mother. When these patients are grown women their sexual attitude still preserves the desires, distrust, aggression, and fears persisting from these early mother attachments. In adult life they express the same aggression and fear, after frustration of the unconscious desires for the mother's body. They desire to be filled up precisely as they did in childhood, to be big, and, like their mother, to have everything inside of themselves. Such wishes implied possession of the mother so as to monopolize her affection and attention. This was the basis of identification with her. (It is interesting that although all these patients expressed a wish to be as different as possible from their own mother, curiously enough, in most cases they turned out to be exact replicas of their mothers.) In childhood all the body openings served the purpose of being 'filled up' and in the adult patients the same tendency prevails. Their envy and aggression was aimed at the mother's body which contained the father's penis and the other children, all of which made her big and powerful. Childhood envy of siblings' breast-feeding and resentment at it became in adult life a source not only of guilt but also of fear that their own bodies would be destroyed in their eating, coitus, menstruation, pregnancy and childbirth. Ernest Jones has shown that there is more femininity in the young girl than analysts generally recognize, and has stressed the need for analysis of her earliest period of attachment to her mother. Melanie Klein, and others too, have pointed out the consequences of this most significant period. I feel strongly that the success of therapy of neurotic difficulties in women depends on the solution of this decisive infantile attachment. Especially is this so when the fears and aggressions resulting from early frustration by the mother are carried over to the field of adult sexual function. As a result the entire sexual life of these patients is disrupted. Their flight from sexual pleasures is caused by fear of repeated frustrations as in the early mother attachment. There is fear of losing the penis before achieving orgasm, that coitus will end and they will be compelled to surrender the male organ. This is not, as some analysts think, the same as the desire to have a penis, the wish to be a boy: it is the fear of losing the father's penis which they wanted to acquire but had to renounce. This may be amplified to mean: giving up something they wanted in childhood, as they wanted their mother's body and her love. In this instance the word *love* includes varied objects and emotions: the mother (for affection, dependence, and envy); the other children (as rivals and enviable objects); the penis, breast, and



food (things desirable to have, to acquire, and not relinquish)—all these are included under the homogeneous heading of *love*. When the orgasm is inhibited, it is because of fear of losing this love (breast, penis, affection, etc.), and of being left alone, apart, and empty.

Some analysts have conjectured that vaginal sensations are present before as well as after puberty, but that they are due to vaginal play. However, even without definite memory of vaginal masturbation, the presence of such sensations in early years can be substantiated from the age of three upwards. Some patients have given definitive evidence of knowledge about the vagina and its functioning at the early age of three. Though this knowledge later became confused, it was never completely repressed or denied. We may assume the presence of an early vaginal phase in the little girl, for the assumption that the little girl does not recognize the existence of the vagina is not borne out by facts; nor is it definitely established that lack of a penis always troubles her, or that possessing one would satisfy her. Some of the patients had thought about having a penis but never actually desired to own one as an appendage outside the body. Certainly they admitted wishing for one, but for an internal one. One patient expressed her childhood desire in this manner: at the age of six she pulled her little brother on top of her, with the wish to put his penis inside her vagina, but then realized that his penis was too small, for she knew it was a big one she wanted.

It should be noted here that the patients' typical attitude was that of wanting to acquire something and then tenaciously holding on to it. Especially is this attitude characteristic of their sexuality. The escape from sexual pleasure (exemplified by their frigidity) was an expression of the fear of losing something they have already acquired: possibly their pride and adjustment without the pleasure of coitus. Fearing dependence upon a man's penis for their sexual pleasure, they indulged instead in clitoridal masturbation. In coitus, when they had already experienced all the preliminary pleasure sensations, their excitement (even to the point of climax), the fear of coming to orgasm, their 'not letting go'—all reproduced the early pattern of purely oral dependence and oral receptiveness which ended in frustration. It was the repetition of that pattern that they feared.

One patient who suffered from severe anorexia, in addition to many other neurotic and character difficulties, had the symptom of vomiting, associated with the phantasy that she had swallowed her father's penis. In her phantasy it lingered inside her. She described the process as a



circular one: swallowing, going into her body, coming out at the bottom, again going up to her mouth, swallowing, etc. In the process of analysis she became afraid to relax on the couch because of sexual feelings in her vagina and fear that the analyst, who was a woman,<sup>2</sup> might insert something into her vagina. The whole phantasy and its resultant symptom meant: a desire to swallow her father's penis, intercourse with him, becoming pregnant (having it in her stomach), and then finally childbirth (vomiting it out). To incorporate the penis, first by the mouth, later by the vagina, is, as Jones pointed out, the realization of the little girl's primary wish for the penis. Naturally her dependence on her mother and her simultaneous aggressive defiance towards her, were the driving forces behind her neurotic symptoms. She actually and consciously employed vomiting to express hostility to her mother.

In another patient this orality was expressed in her vaginal aims, and was unmistakable in her manner of masturbation and phantasy. She used to masturbate by withholding her urine. The pleasure and sensation increased in proportion to the phantasied filling up of the bladder. It was a cavity which she in phantasy tried to fill up from an outside source. Simultaneously in this phantasy a man whom she liked very much was forcibly trying to impregnate her. Although she protested, the protest itself was a pleasurable one. These sensations which she would provoke by phantasy were experienced high up in the vagina. She also experienced a remarkable series of sensations in her mouth, teeth, and speech. At times she awoke at night with pains in her teeth which a dentist could not explain. As analysis advanced she resented the gradual awakening of sensitivity in the vagina. As she put it: when she came to analysis, she had no vagina at all, she was not aware of it. Now she was all vagina. Constantly excited, preoccupied with sexual phantasies, tortured mentally by pulsating feelings in her vagina, she felt she was losing herself by being destroyed with desire. She wished for perpetual intercourse. Incidentally she was notorious for her prodigious appetite and constant eating. In the advanced stages of her analysis she had pleasurable feelings in coitus but she stopped short of orgasm for she felt rising hatred towards her husband since she feared he might take away his penis and give it to another woman. For this reason she was preoccupied throughout intercourse with the thought that something must not

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<sup>2</sup> This case was supervised for Dr. Margaret Fries for over two years.



happen. She also resented orgasm because she wanted continued coitus.

These attitudes obviously paralleled her feelings towards her mother whom she resented for frustration in taking the breast away from her to give it to siblings. The fear that something terrible might follow intercourse was connected with her childhood phantasies of destruction of the mother's body because of repeated pregnancies. Worth noting is the fact that this patient had no memory of her mother as pregnant or nursing, although she was old enough to remember. However, she could recall seeing in that same period other pregnant women and other unknown women breast-feeding their babies in the street.

The same early tie to the mother's breast, the same feminine passive accepting attitude, and strong feminine identification were exhibited by another patient. She had a vivid recollection of vaginal sensations occurring between the ages of five and six. At that time she had contracted a vaginal infection from another girl and had to use a douche. Following that period she practised vaginal masturbation. She had been sleeping in the same room with her parents for years and the noises heard of parental intercourse excited her and induced masturbation. In adult life during coitus she displayed violent body movements, screamed and bit her husband (all these were developed in the course of analysis) and could not reach orgasm because of the constant fear that her husband would ejaculate too soon. By working through her dreams, associations, and emotions, interesting and important material revealed a deep attachment to her mother and shocking childhood experiences at her hands. Another patient recalled that she knew all the facts of childbirth at the early age of about five or six. At that time when a sibling was born she heard her mother instruct someone to hide the bloody sheets from the patient's observation. Thus she came to connect childbirth with bleeding and injury to the region of the vagina.

Clinical observation shows us that the problem of feminine sexual anæsthesia is much more complicated than is generally understood. Although analysts have long attempted to formulate the causes of these difficulties, their therapeutic results have not kept pace with their theoretic formulations. The period Freud calls 'dim and shadowy', the pre-Œdipal phase of the little girl, is the period in which we must seek the basic cause for the sexual difficulty. We find that all women with such difficulties make their mothers responsible for



their own lack of an affectionate disposition. In the analytical process they express it thus: when they develop vaginal sensations and the desire for intercourse, they accuse the analyst of throwing them back upon their husbands, just as in childhood the mother forced them to look to the father for affection. Out of spite and resentment they refuse to enjoy coitus. They look upon a mother as a dangerous person, injurious to everyone. Another important factor in the frigid reaction is the patients' idea that the mother's sexual life with the father cannot be one of pleasure. This is caused by their feeling that their own hostility to their mother may have interfered with her sexual pleasure. In phantasy they actually did try to hinder her enjoyment. Their flight from femininity is a reaction to this aggression and consequent fear of the mother. They cannot identify themselves and find pleasure in vaginal sensation and intercourse. Only when they accept the idea in analysis that their mother may have enjoyed this relationship can they permit themselves to experience pleasurable sensations. Another reason for their flight from femininity is the feeling of inferiority, which is not only an expression of penis envy but in a much deeper sense involves a comparison of mother and child. They resent having to depend on the penis for gratification and on the possessor of the penis for food and support. It recalls painfully their oral dependence in childhood and its many frustrations. The child feels weak and small compared to the mother, and the penis envy refers to the father's penis (affection) of which the mother was the sole recipient.

From the material and therapeutic results presented by many patients in long analysis one may come to the conclusion that vaginal sensations are primary and that infantile masturbation cannot be described as exclusively clitoridal or labial. It involves clitoris, labia and vagina. The theory that the clitoridal sensations are primary and have to be transferred to the vagina cannot be substantiated. In analysis the vaginal sensations lose their importance because the woman rediscovers and relearns early infantile sensations in the vagina which were repressed, forgotten and could not be enjoyed. The vagina can now be accepted and does not have to be denied because it is 'an evil and dangerous organ like the mouth which wants to devour everything and everybody', as Ernest Jones has pointed out.



## AN ANTHROPOLOGICAL NOTE ON THE THEORY OF PRE-NATAL INSTINCTUAL CONFLICT

BY

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It has become the fashion in some psycho-analytic quarters to speak with patronizing disparagement of what is vaguely termed 'the instinct theory'. Sometimes this proves, upon examination, to refer to Freud's original constructions in regard to the 'libido theory', but better informed critics have in mind the hypothesis of the death instinct and its interaction with the life instinct as outlined by Freud some twenty years ago.

The objections vary considerably in nature; some find fault on the practical basis that destructive tendencies appear to them to serve only self-preservative purposes; others object on purely logomachical grounds to the use of so indefinite a term as 'instinct'. Still others base their scepticism on an inability to accept the dialectic implications of the concept of interacting forces. And, finally, there are those who would like to think of the individual as reacting in a totally undetermined S-R manner to the social and physical environment, discarding all notions of intrinsic energy factors.

I review these objections to the instinct theory on the assumption that all of them are determined in part by a necessity to rationalize certain emotional resistances to the concepts of the theory which seems to them fundamentally pessimistic. Even in the breasts of psychoanalysts, hope springs eternal new. We should all like to find reasons for doubting the inevitability of death or its predetermination by the nature of the organism.

Actually, however, the instinct theory is not so pessimistic as some of its objectors seem inclined to think (feel). I observe in talking with my colleagues that an objection to the instinct theory usually turns into an objection to the theory of a death instinct, and much less an objection to the theory of a life instinct. This is curious in view of the fact that death is far more certain than life, and hence less a matter of 'theory'. One should find some encouragement, as Freud tried to make clear, in the fact that we live at all, even for a circumscribed time. Freud's own life in the face of opposition, difficulty, sickness



and suffering is of itself a resplendent example of the tenacious power of the life instinct.

If the instinct theory does not explain the obvious facts of human life better than any other theory that has been or is to be proposed, it should be rejected. Thus far, however, no other theory explains death from 'old age'; no other theory can fully account for suicide. But while application of the death instinct to these forms of death and others is now fairly familiar to us, its application to the problem of birth is much less so. The deductive extension of the theory to its application with regard to the foetus will offend those strict empiricists who feel that every step of thinking beyond the facts is a scientific crime, forgetful of the fact that there can be no facts without a theory, and that theory always precedes the finding of facts, either consciously or unconsciously. Yet if living and dying, construction and destruction, loving and hating deserve the appellation of instincts, and are to be regarded as something fundamental and universal, we are logically obliged to conceive of them as operating in some way within the personality of the unborn child.

It seems to the writer quite justified, therefore, to indulge consciously in the formulation of that extension of the instinct theory which would apply to the child *in utero*. One might want to assume that at the time of fertilization of the ovum the self-destructive tendencies of both male and female parents are temporarily overcome by the union in some way that we do not understand, but with the result that a tremendous impulse is given to the life instinct drives of the new individual. To trace all the possible details from this point to the emergence of the foetus from the mother's body would be beyond the limits of our present time or space, but it would be in keeping with Freud's postulations in regard to instinctual conflicts of the newborn child to assume that in the well-developed foetus the self-directed destructive impulses are somewhat more than neutralized by the self-directed erotic impulses. In the more familiar and established terms of psycho-analysis, its narcissism protects the foetus from an autolytic dissolution. In this it is supported by the influence of the surrounding maternal body. Then, as a result of forces and events which are usually regarded physiologically, anatomically, or chemically, but which could also be regarded psychologically, the growing organism separates itself, or at least is separated from, the maternal body. From the moment of its emergence from the protective maternal environment into the outside world of reality, the externalization of



the instinctual energy becomes obvious. Irritation stimulates the out-turning of aggressiveness, and this in turn is more or less neutralized by erotic exploitation so that the child gradually and increasingly tests reality, finding and retaining that part of it which he can accept as 'good', and rejecting that which is 'bad'.

I believe there is nothing new in this statement of theory; I have intended it only as a recapitulation of the logical inferences of Freud's concepts. I have reviewed it because of a striking correlation with primitive thinking of which I recently learned through an anthropologist, Dr. George Devereux, who has made intensive investigations of the Mohave Indians in Arizona. It would seem that for hundreds of years the Mohave have entertained concepts of the nature of pre-natal life which correspond closely to these speculations. I have tried to condense the information given me by Dr. Devereux<sup>1</sup> concerning this.

The Mohave believe that, while still in the mother's womb, the child who is later to become a Shaman (medicine man) sees the god Pahotcatc re-enact for him that part of creation which pertains to the special branch of curing which the Shaman is going to practise in adult life. After the sixth lunar month of pregnancy has elapsed the Shaman starts to dream 'about ways and means of not being born', for example, how to kill himself as well as his mother. According to the Mohave, the desire to kill others is stronger than the desire to die oneself, and some informants maintain that being killed in the process of killing the mother at birth is an accidental by-product. Other informants, however, (some of them Shamans) actually maintain that the difficult birth should be called 'suicide'. The Mohave ascribe complete rationality to the unborn child. When a difficult labour is in progress the attending Shaman addresses the unborn child in a long, closely reasoned speech urging him not to be contrary, exhorting him to be born lest future generations of foetuses follow his example and refuse to be born, thereby causing the tribe to become extinct.

Following birth, the child who is to become a Shaman will be for a while quite normal, although, according to some informants, he may have a tendency to bite the nipples. Soon, however, at about five or six years of age, he will begin to be overtly aggressive to a marked degree, breaking things, discharging flatus noisily in public, mastur-

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<sup>1</sup> For further data, see Devereux, 'L'Envoûtement chez les Indiens Mohaves,' *Journal de la Société des Américanistes de Paris*, 2 (29), pp. 405-412, 1937.



bating, manipulating the genitals of others, having intercourse with animals, etc. At a later stage, any time between fifteen and thirty, the Shaman will start to remember intrauterine dreams. He will remember how the god Pahotcatc re-enacted for him, while he was still in his mother's womb, the various parts of the creation myth pertaining to his chosen profession.

It is a temptation to extend the observations concerning the Shaman and those subsequent developments in his career which throw light upon the psychological factors involved in the practice of the healing art. It is suggestive that the Shamans are customarily regarded as being possessed throughout life of an excessively strong aggressive urge, an urge which often takes the form of an avowed wish to kill. This is combined with the professional practice of healing. It is as if the Mohave intuitively recognized or at least believed that healing was in part determined by 'reaction formation' against over-development or over-stimulation of the death (destructive) instinct, an over-development which according to their theory is evidenced by the future Shaman while still in the womb of his mother.

To others than psychiatrists the similarity of these primitive interpretations of dystocia and of the psychological conflicts in the unborn child with our hypothetical deductions from a dialectic theory of instinctual forces would seem to be an irrelevant coincidence without significance. But those familiar with the unconscious will not dismiss such a parallelism so lightly. It is true that other primitive people have other theories and there is no reason to believe that the Mohave theory has any prior claims to intuitive accuracy. So far as I know this is a field of anthropological observation in which data are exceedingly scanty. The fact that (at least) one savage tribe should have formulated such a concept is of the same interest and validity to us as is the fact that one Mediterranean people should have developed in the tragic drama a theme as universally human and basic as that of the murder of a father by a son who marries his mother, or that another Mediterranean people should have perpetuated the story of an older brother who, jealous of his younger sibling, killed him and carried the burden of guilt to his grave. It is scarcely necessary to remind psychoanalysts that not only from the mouths of babes and sucklings but from the legends and religions of the infants of civilization there is to be heard a wisdom which, if we are sufficiently alert, we may sometimes correlate with our own 'mythology' and our empirical knowledge.



## THE FEELING OF STUPIDITY<sup>1</sup>

BY

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The feeling of stupidity, like other symptoms which can become the predominant complaint in mental disorder, has been experienced from time to time by most people. It may become disturbing to patients either through the frequency of its occurrence or its intensity. As the symptom is concerned with the process of thinking it is not surprising that it should be encountered as the major difficulty in persons suffering from varying degrees of depersonalization. In such patients erotization of thinking, a process involving the value of intelligence, seems to be a determining factor.

Kinship in a disproportionate investment of libido in both intellectual precocity and the feeling of stupidity (psychogenic stupidity) has been noted. In the former excessive libido is attached to the processes of thinking, in the latter it appears to be mobilized for the construction and preservation of a barrier against the entrance and (or) exit of ideas. The stimulus which seems to determine the libidinal mobilization in two such apparently opposite directions lies in the choice of the identification (super-ego formation) of the individual with the intellectual attributes (stupidity or intelligence) of one of his parents.

The unconscious object and ultimate result of these apparently antithetic manifestations are similar; each tends to relieve the individual from the more real exigencies of life through protective identification with a favoured parent. In erotization of thought there is too great an expenditure of libido in study or abstraction. In the feeling of stupidity too much libido is invested in deflecting stimuli which could induce certain disapproved thoughts which in turn might provoke the person to real action. When either erotization of thought or feelings of stupidity become sufficiently frequent or active, their cumulative effect may cause a cessation of mental productivity (a sort of mental stasis) which the patient describes as a blank or a feeling of unreality.

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<sup>1</sup> Based upon a paper read before the Section of Neurology and Psychiatry, New York Academy of Medicine, May 4, 1937.



While some persons suffering from a feeling of stupidity also experience difficulty in thinking, they complain primarily of the former feeling. Notwithstanding this feeling of stupidity their thought production, both quantitatively and qualitatively, is quite adequate for the demands of their social positions. Their conversation may be quick, witty and even brilliant, but the feeling of stupidity persists and deprives them of the pleasure which smooth thinking ordinarily affords. It may also interfere with undertaking tasks which the patient's abilities would indicate he could successfully accomplish.

Most of these patients have discovered that they experience an intensification of the symptom either in the presence of certain people or in certain situations as, for instance, when they receive information rather than when they are compelled to speak. In other persons, it is exaggerated either in the presence of males or females, or when they appear before a group rather than before a single person, or in the presence of persons whom they consider superior in one way or another. The quality and the circumstances under which the feeling develops morbidly—such as the characteristics of the auditors, male or female, important or unimportant, etc.—furnish clues to the origin of the difficulty.

Certain combinations are likely to occur—such as the feeling arising more strongly when a male patient must talk (emissive) to a young woman or must listen (receptive) to the admonitions of an older man. The remote unconscious association of circumstances which instigates the feeling is rarely appreciated by the patient. In some instances he has not even determined the actual situations under which the feeling has appeared most consistently.

Transient feelings of stupidity experienced by most people are akin to embarrassment. Like embarrassment they occur under particular circumstances, often specific for that individual. Thus, a patient suffering from impotency definitely based upon an unconscious homosexuality complained that one of his most crippling symptoms, a feeling of embarrassment and stupidity, occurred only in the presence of men. Complementing this annoying symptom was a compulsion to act for ten minutes or more after leaving a man with whom he had been talking in a manner which he thought would please that person. If he believed such a person admired strength, he would be compelled to march down the street with a firm tread, shoulders back, with a defiant look—the assumed rôle serving as homage to the feared (desired) object. Similarly, the idea that the person whom he had



just left would like humble, mild man would compel him to walk meekly for several minutes. Yet, in spite of a compulsion indicating a fear of asserting himself and a desire to avoid embarrassment, the latter allied to the feeling of stupidity, the patient thought for many months after beginning analysis that the procedure must fail with him because of 'strongmindedness' and intelligence.

Interference with visual impressions and neurotic eye symptoms are frequently associated with these mental states. The eye is the organ most generally used for intellectual work as well as being an important source of sexual stimulation. The primary inhibition of sexual interest often comes through the suppression and subsequent repression of visual sexual incidents. When later sublimation into intellectual interests begins to fail, the patient experiences disability in vision—such as blurring, fog before the eyes, film over the eyes, difficulty in focussing, or even not seeing. Feelings of inability to perceive, of unreality, or of stupidity are sometimes directly attributed by patients to these visual disturbances. It is more likely that the visual difficulties are a participation in or result of the feeling of unreality.

Thus, a patient, male, aged thirty-eight, complained at the initial interview: 'For the past four years I am living in the abstract. I don't sense the present normally. I lack the manifestation and feeling of things.' Later he spontaneously continued: 'My various mental faculties are completely distorted and my eyes seem to be the centre of this nervous tensi—so much so that at times I feel all eyes and nothing else.'

The problem of the intellectual inhibition closely associated with stupidity has been the subject of extensive study by psycho-analysts, especially those interested in pedagogy. It includes fascinating investigation of difficult, and particularly lazy pupils, of selective mental inhibition and aggression, of the relationship between intellectual and sexual development, episodic stupidity and unwarranted school failures. Landauer states that the origin of the symptom complex of stupidity (inhibition in the development of intelligence) must be sought in an unconscious repression—must really be considered as a special type of repression—namely, a flight from reality which at the same time affords a defence against threat. This he considers specifically a castration threat with its accompanying anxiety.<sup>2</sup>

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<sup>2</sup> Landauer, 'Zur psychosexuellen Genese der Dummheit', *Almanach der Psychoanalyse*, 1930, S. 168.



The particular phase of the problem with which we are concerned is not the actual inhibition or blocking of mental operation through fear or worry but a subjective feeling of stupidity which may prevent expression of thought. Nor is this feeling identical with the idea which certain individuals and patients entertain that the world and the doctor consider them stupid, although the idea that others think the individual stupid may sometimes assume a compulsive character. One such patient, a stenographer of average intelligence, would burst into tears at the slightest provocation and sob violently for many minutes protesting: 'I know you think I'm stupid.' No amount of reassurance solaced her. But this patient did not suffer from a subjective feeling of stupidity. Her reaction falls in the category of self-depreciation, a phenomenon generally dependent upon a sense of guilt. Her desire to be thought stupid by others in this case represented the wish to be thought innocent (ignorant, stupid) in matters of sex.

It is not an uncommon idea that persons who are free and precocious about sex are those who are dull and uninterested in scholarship. This association of 'being stupid' and learning about sex constitutes one of the main themes in the genesis of the feeling of stupidity in the following case.

A patient, aged thirty-eight, married, who highly overvalued formal education, frequently suffered from a feeling of stupidity and felt particularly inadequate in the presence of intelligent people. He never doubted his own natural intelligence but knew that those things about which he felt stupid were occurrences or sensations connected with sex.

Although he failed to gain promotion several times in elementary school, he always realized that his intelligence equalled that of the average boy. One of his teachers recognized that his apparent dullness did not correspond with his innate mental alertness and took the trouble to question why he did not use his mind. His failure to use his mind was due to the fact that by this time he had effectively equated 'dumbness,' feeling (being) stupid, with sexual interest. He left school at the age of thirteen on account of poverty but continued to educate himself, began to make use of his mental capacity and became a successful musician.

The mother of the patient, abandoned by the father, had been a semi-prostitute in a squalid neighbourhood of a mining town. She was a dull, superstitious woman who remained the sole parent image for



many years. From the time the patient was two years old he appreciated his anomalous position as a fatherless child. He soon learned more about sex than he wished anyone to perceive, particularly his mother and her lover.

Around the house he acted dumb—not dumb about mechanical things in which he was fairly skilful—but dumb about sex and sin, for he found that 'the dumber he acted the more he was able to learn' about his mother's love affairs. As he grew older a reaction against his sex curiosity developed. He experienced a great resentment toward his mother's lovers and yet realized the futility of his hostility. The entire abnormal environment in turn increased the necessity for repression. He did not wish to accept the existence of sexuality as he observed it at home. The denial of facts concerning sexuality became more persistent as a protection against situations which his mother's life continued to force upon him.

Gradually the desirability and association of dumbness with sexual interest became over-emphasized and expanded. Stupidity and embarrassment began to occur in the presence of people not only whom he considered educated, but also important or socially his superiors. A feeling of stupidity developed—a protection against learning in any shape. The presence of educated persons brought about a protective reaction formation against learning—ultimately sex—which manifested itself in a feeling of stupidity.

From analysis it appeared that this feeling originated in a clash between a desire to be dumb and the desire to learn about sex and using his mind for study. The inhibition arising from this clash found expression in a feeling of stupidity which yielded him a certain gratification and at the same time a security from the dangers of the quest for knowledge.

Another angle of the stupidity problem centred in the fact that his stupid mother was a prostitute. This facilitated the connection between stupidity and sex. She and her stupidity constituted during his earliest years the only pattern for identification. It should be emphasized that as an adult only the feeling of stupidity remained. His intelligence had not been in any way impaired and he had become a success in his musical profession and also as a playwright.

It is to be expected that persons suffering from feelings of stupidity would be those to whom the value of being bright had been emphasized in childhood. Parents individually or collectively place varying values upon brightness as they do upon the strength, health, beauty



or physical skill of their children. Intellectual values are often determined by the fact that both parents over-estimate intelligence. But a great disparity in the intelligence of the parents—real or fancied—may be noted by the child and the latter comes to consider intelligence (or at times scholarship) as characteristic of one parent and aligns it as a sex quality. This in turn forms a basis for identification with or against that parent dependent upon earlier libidinal attachments.

My case material indicates that feelings of stupidity are most apt to develop when identification is with the dull parent of the same sex and erotization of thinking when the identification is with the intelligent parent of the opposite sex. This is by no means constant, for many curious and complicated variations have been encountered.

This is shown by the following description of the condition given by a patient, aged twenty-four, a graduate student in science. He suffered from homosexuality, feelings of unreality, feelings of stupidity and co-conscious mentation. He states :—

‘The feeling of stupidity—or as I prefer to call it, feeling of inadequacy—is not a true stupidity. It is a feeling which is very real but which I recognize as having little to do with my ordinary intelligence and mental capacity. The feeling is so real that it controls me and gives me the impression of appearing stupid to others. This in turn prevents me from using my intelligence. There is a finality, inevitability and hopelessness about it. I am inadequate to meet situations that call for virility either in action or in thinking ; but it’s not a lack of brain power.

‘The feeling of unreality is an apparent alteration in the surrounding physical world. In the feeling of unreality there is an abandonment of all thinking. On the other hand, in the feeling of stupidity, while an abandonment of thinking has occurred, there continues an effort to get at it.’

In his description of the feeling of stupidity the patient is aware of the feeling ‘having little to do with his ordinary intelligence’ but of its representing an inadequacy in thinking. These subjective feelings border on the symptomatology of depersonalization. In the feeling which he calls unreality the alteration corresponds to derealization. In this complicated case where the patient’s identifications were incomplete as well as crossed, the patient was afflicted with both depersonalization and derealization.

He continues : ‘In spite of the connection between the feeling of stupidity and unreality in that they are not factual, there is a strong



dissimilarity between them. The stupidity, when present, cannot be thrown off and irritates by its enduring persistence. This is so because the feeling of stupidity occurs when I find myself in disadjustment with someone, which makes me unable to speak to him. Therefore, to break the feeling, I must receive a stimulus from someone outside. But the unreality can disappear spontaneously in a second and an instantaneous return to the material world is easy.' This patient once remarked significantly: 'To me stupidity is a cardinal sin. I'd rather be abnormal (sexually) than normal and stupid.'

The patient's mother was considered by him the intelligent, socially elect member of the couple; the father dull, self-made and uneducated. The patient's striving for intellectuality had a striking identification with the clever mother. But it also seemed that the patient, unable to attain his mother's brilliance, unconsciously drifted to what appeared to him to be the alternative, 'the lesser sin'—namely, sexual abnormality. The feeling of stupidity is due to a partial identification with the dull father. It represents a compensatory masculine attribute by which he might attract the mother with whom the identification is fragmentary and incomplete.

Another case in which the effect of parental identifications in producing the feeling of stupidity seemed significant is the following: A female patient of Italian parentage, aged thirty-three, married and the mother of one child, was referred for persistent vomiting and colitis of psychogenic origin. These physical conversion symptoms disappeared quite quickly in the analysis. It soon became apparent that intermittent feelings of stupidity constituted her major symptom. Although the symptom was not constant, it was crippling and humiliating to her because it forced her to avoid social contacts in spite of great personal popularity.

She was a late-comer in a family of five and apparently not desired by her mother who, the patient states, maltreated her from the time of her earliest memories. She happened to be the only blonde member of a swarthy, robust family, and considered herself an outsider, weak and anæmic. In contradistinction to the mother's indifference and dislike, the father seemed proud of and concerned about the fragile, little blonde girl. While 'father coddled me so, my mother would have let me die.'

She formed a very profound attachment for her father and considered him the wisest and most intelligent man in the community. Her reverence for learning (to her a masculine characteristic) was



strong during her early childhood. On the other hand, she considered her mother as unspeakably dumb and stupid. She began to regard stupidity as a characteristic strictly feminine and the means by which her mother attracted her father.

The father, whose favourite she had been, paid little attention to her after the age of nine and transferred his interest to a garden. Becoming resentful of her father's neglect she developed a hostility to him. Subsequently this extended to a conscious hatred and bitterness toward all men. During the analysis she indulged in virulent tirades against the privileges, egotism and especially the intelligence of men. Toward women a homosexual attachment existed which often verged on the conscious.

Although she obtained marks above the average in school, she suffered from an incessant feeling of stupidity from the age of ten. This increased as years progressed, reaching its maximum between the ages of seventeen and twenty-one. The feeling of stupidity usurped the place of most other sensations and for long periods turned into a state akin to depersonalization. She described the feeling at such times as 'living in a vacuum'.

In this patient's conversation nothing could be detected which would indicate that she was suffering from any form of mental impairment, although she was exquisitely sensitive to any remarks concerning her intelligence. The feeling of stupidity was very largely in the receptive field. When present it became impossible for her to register what she read or heard in conversation or at the theatre.

In the above case the feeling of stupidity often replaced anxiety and when anxiety existed the feeling of stupidity with its accompanying worry disappeared. Similarly, the presence of anxiety prevented the patient from receiving mental impressions, but at such times she was not conscious of the feeling of stupidity. But it was only when the feeling became intense so that the patient felt mentally vague that she thought people might consider her stupid.

The feeling of stupidity represented a defence against the identification with the father and an attempt to preserve her feminine rôle through identification with her rival—the stupid mother.

In my previous papers the theory was advanced that in erotization of thinking the patient had been rebuffed and emotionally traumatized by the stupid parent who was the parent of the same sex. A flight to and identification with the thinking parent of the opposite sex came to be formed. One of the motives which stimulates erotization of



thinking is that the child appreciates that intelligence is a weapon with which he can combat and humiliate the parent who had deprived him previously in a libidinal way.

In cases where the feeling of stupidity has become a major symptom one likewise finds a severe deprivation of love by the parent of the same sex. But this parent is considered by the child to be the intellectually inferior one. Instead of attempting to fight this parent by identifying himself with the intellectual parent, the child considers stupidity as the characteristic which has attracted the loved parent. Unconsciously, the feeling of stupidity develops and serves as a reassurance to his sexual desirability and at the same time shuts out the reality of psycho-sexual failure.

No matter how strong the proof may be which the physician advances of actual intellectual capacity, or how able the performance of the patient, the feeling of stupidity is not changed. The direct approach by reasoning or persuasion is, therefore, ineffective. Theoretically cases of this type, like others in the depersonalization group, should be amenable to psycho-analytic therapy. However, the analysis is extremely slow, for the feeling of stupidity nullifies the effect of analytic interpretations. The words of the analyst never really reach the person as real and this acts as an almost insurmountable force against the analyst's efforts.

In the feeling of unreality and in the feeling of stupidity the manner in which these impulses arrange and exert themselves in super-ego function depends upon the sex of the parent with whose mentality the patient identifies himself and his choice in seeking to gain love in an aggressive or passive manner.

The analogy between the feeling of stupidity, depersonalization, and their close relationship to co-conscious thinking and amnesias indicate that further investigation of the manner of thinking and feeling—or the absence of them—may contribute to the psychological understanding of segmentation of mentation and of that galaxy of personalities which constitute an individual.



## THE COVENANT OF ABRAHAM

BY

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' Her heart was cleft in twain and under her the earth,  
And into the abyss her little son fell.'

(Hungarian ballad 'Kömvies Kelemenné'.)

During the excavation of the ruins of Gezer in Palestine a burial place of a very remarkable kind was discovered. Fourteen skeletons were found on the floor of a cylindrical chamber, or rather fourteen and a half. The half-skeleton was that of a girl about fourteen years of age. She had been cut or sawn through the middle 'at the eighth thoracic vertebra and at the front ends the ribs had been divided at this level; it is plain that the section had been made while as yet the bones were supported by the soft parts.' The weapons buried with these corpses suggest that they belonged to the Canaanite race.<sup>1</sup> Frazer supposes that the half-skeleton represents a peculiar form of human sacrifice. This interpretation is confirmed by another half-skeleton discovered at the same place. This is the half-skeleton of a boy about seventeen years old, who, like the girl in the cistern, had been cut or sawn through the middle between the ribs and the pelvis and, just as in the case of the girl, only the upper half of the body was found: the lower half was missing. The explanation suggested by Professor Macalister was that we have here the remains of human victims who had been sacrificed and buried under the foundations of a building to give strength and stability to the edifice.<sup>2</sup> Possibly the same explanation holds good for the skeletons of infants buried in large jars under the floor of the temple.<sup>3</sup>

In Hebrew custom itself Sir James Frazer finds two cases in which living beings are cut in twain. One is the covenant of Abraham. 'Take me an heifer of three years old, and a she-goat of three years old, and a ram of three years old and a turtle-dove, and a young

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<sup>1</sup> Macalister, *The Excavation of Gezer*, 1912, Vol. II, pp. 429-431; Frazer, *Folk-Lore in the Old Testament*, 1919, Vol. I, p. 417.

<sup>2</sup> Macalister, 'Report on the Excavation at Gezer', *Palestine Exploration Fund*, 1908, p. 206.

<sup>3</sup> Frazer, *op. cit.*, Vol. I, p. 418.



pigeon.' Abraham cut the heifer, the she-goat and the ram in two. He drove the birds of prey from the carcasses, and when the sun went down he sank into a deep sleep and a horror of great darkness fell upon him. A smoking furnace and a flaming torch passed between the pieces of the sacrificial victims and God proclaimed the covenant with Abraham (Gen. xv, 9-21).

In this case God and Abraham are the contracting parties and the result is the covenant which is the basis of Judaism. This seems to have been the form of covenant that was generally practised in Hebrew law. The contracting parties cut a calf in twain and passed between the pieces (Jer. xxxiv, 18). The Hebrew expression 'to cut a covenant' <sup>4</sup> indicates that this cutting in twain and the concept of a covenant are closely related.

Two theories have been advanced to explain these and similar customs. According to the retributive theory the ritual represents and therefore induces the fate of the covenant-breaker. A covenant of peace is made by the Nandi by cutting a dog into two halves. The two halves are held by men representing the two sides who have been at war and a third man says: 'May the man who breaks this peace be killed like these things.' <sup>5</sup> The other interpretation is called the sacramental. This interpretation emphasizes the communion aspect of the rite, the tendency to establish or represent a complete union between the sacrificer and the sacrificed victim. Sir James Frazer regards the following Patagonian Indian custom as a striking case in which the sacramental aspect of the custom is stressed.

'In some cases when a child is born a cow or mare is killed, the stomach taken out and cut open and into this receptacle while still warm the child is laid. Upon the remainder of the animal the tribe feast. A variation of the foregoing birth-ceremony is yet more savage. If a boy is born his tribe catch a mare or a colt—if the father be rich and a great man among his people the former; if not, the latter—a lasso is placed round each leg, a couple round the neck and a couple round the body. The tribe distribute themselves at the various ends of these lassos and take hold. The animal being thus supported cannot fall. The father of the child now advances and cuts the mare or colt open from the neck downwards. The heart, etc. is torn out and the baby placed in the cavity. The desire is to keep the animal quivering

<sup>4</sup> Robertson Smith, *Lectures on the Religion of the Semites*, 1907, p. 480.

<sup>5</sup> Hollis, *The Nandi*, 1909, p. 84.



until the child is put inside. By this means they ensure the child's becoming a fine horseman in the future.' <sup>6</sup>

Considering these and many other parallel customs, Sir James Frazer comes to the conclusion that the custom consists of two elements: first the cutting of the victim in two and second the passing of the covenants between the pieces. The first part of the custom should be explained by the retributive, the second by the sacramental theory. <sup>7</sup>

Like many similar anthropological theories this explanation is evidently correct as far as it goes, but it does not go far enough. The question that interests us here is: what is the underlying element that unites a retributive and a sacramental custom into a whole? The first thing we notice is that in these customs something new is created, a form of union is brought about after a previous phase of hostility or aggression, or on the basis of an economized aggression. In the myth of Abraham we have a parallel on the father-son level in the sacrifice of Isaac. <sup>8</sup> The patriarch is ordered to kill his son as a token of his adherence to the pact made with the God of the Fathers, but at the last minute God sends an angel to rescue the son (Gen. xxii, 11). On this basis we should assume that the covenant between Abraham and God is the end or the reparation of a previous phase of hostility. In a number of the parallel rites mentioned by Frazer the ritual ends a state of war and inaugurates peace. In Calabar a sheep is cut into two and people say: 'Should either town fight again, may it be cleft asunder like this sheep.' <sup>9</sup>

In many cases, as in the Patagonian custom quoted above, the sacramental aspect of the ceremony is prominent in rites which have some relation to child-birth. When a Barolong chief wished to make a covenant with another chief who had fled to him for protection, he took the paunch of a large ox and bored a hole through it and the two chiefs crawled through the hole, one after the other, in order to intimate by this ceremony that their tribes would thenceforth be one. <sup>10</sup> Here we are introducing an interpretation on the basis of other rites

<sup>6</sup> Frazer, *op. cit.*, Vol. I, p. 413; Pritchard, *Through the Heart of Patagonia*, 1902, p. 96.

<sup>7</sup> Frazer, *op. cit.*, Vol. I, p. 425.

<sup>8</sup> Gen. xxii; Robertson Smith, *op. cit.*, p. 309.

<sup>9</sup> Frazer, *op. cit.*, Vol. I, p. 400.

<sup>10</sup> Frazer, *op. cit.*, Vol. I, p. 397.



of this type, as well as of the knowledge we have derived from dream interpretation. We equate the hole with the vagina and interpret this ceremony as a ritual imitation of birth. When a woman leaves her bed after delivery, the Gypsies of Transylvania make her pass between the pieces of a cock that has been cut in two if the child is a boy and of a hen if the child is a girl. Then the men eat the animal if it is a cock or the women eat it if it is a hen.<sup>11</sup> If a Lushei woman has difficulty in bringing forth, a fowl is killed and divided equally. The portion with the head is put at the upper end of the village with seven pieces of cane rolled into bundles, the other half at the lower end of the village with five rolls of cane, and the woman is given a little water to drink. This is called 'to open the stomach with a fowl'.<sup>12</sup> The animal that has been cut into two pieces evidently represents the body of the pregnant woman and it is by these forcible means that the 'stomach' is opened. Parallel cases in which the animal is not cleft into two halves but the passage for similar purposes is either through an animal's legs or under an animal's stomach or through a narrow opening in a rock or a tree go far to substantiate this interpretation. When the horoscope (in Northern India) forebodes some crime or special calamity the child is clothed in scarlet, a colour which repels evil influences, and tied on a new sieve. The child is passed through the hind legs of a cow forwards, through the forelegs towards the mouth and again in the reverse direction, signifying a new birth from the sacred animal. Then the father smells his child as a cow smells her calf.<sup>13</sup> Easy delivery is obtained by a girl for the future 'wenn es um Mitternacht nackt durch die ausgespannte Geburtshaut eines Füllen hindurchkriecht' ['if she creeps naked through the stretched-out foetal membrane of a foal at midnight'].<sup>14</sup> If the passage through an opening represents birth, then it follows that the passage through an opening that has been forcibly cleft, through a body cut into two halves, represents a phantasy of destroying the

<sup>11</sup> Wlislöck, *Vom wandernden Zigeunervolke*, 1890, S. 92.

<sup>12</sup> Shakespear, *The Lushei Kuki Clans*, 1912, p. 81.

<sup>13</sup> Crooke, *The Popular Religion and Folklore of Northern India*, 1899, Vol. II, p. 231; Zachariae, 'Durchkriechen als Mittel zur Erleichterung der Geburt', in *Kleine Schriften*, 1920, S. 243. The sieve being the first cradle of the baby duplicates the meaning of the ritual: cf. Harrison, *Prolegomena to the Study of Greek Religion*, 1910, pp. 402, 501.

<sup>14</sup> Weinhold, *Zur Geschichte des heidnischen Ritus*, S. 38.



body. In analytical material this phantasy usually appears in the form of opening the mother's body and taking something out of it, yet we also find the simpler form of sawing or cutting or biting the mother's body in twain. In our case we should conjecture that the parties to the covenant become, as in rites of blood brotherhood, brothers by being born from the same mother. But this does not explain the retributive aspect of the ceremony. We know, however, that the dread of being torn to pieces or eviscerated, as the talion representation of the subject's own destructive desires, is probably one of the earliest forms of anxiety in human life. Hence it would not be difficult to explain the binding force of this covenant on the aggression level; by dramatizing their primal destructive phantasies the participants deliberately provoke retaliation in the same form should a breach of loyalty occur. We should therefore expect to find that the complementary form to the ritual in which a representative of the mother is cleft in twain would be a rite or legend in which the same thing is done to a child or infant. And in fact we have a striking parallel to the covenant of Abraham both in the archæological findings mentioned above and in the famous judgement of King Solomon. Here we find the phantasy of destroying the body in its talion aspect as directed against the infant, the cleavage of the mother-imago into a good and a bad mother and finally justice or wisdom as based on economized aggression.<sup>15</sup> Moreover we have the complementary form of the supposed meaning of the rite (passage through the mother) in the cleft skeletons of children under the ruins of Gezer. These have been interpreted by their excavator as foundation sacrifices.<sup>16</sup> Sir James Frazer seems to doubt this, for he remarks that, if the aim of the sacrifice was to bear up the foundations, it seems obvious that they would select stalwart men and not half a boy and half a girl for such a strenuous job.<sup>17</sup> We have one very well attested case of a foundation

<sup>15</sup> Cf. Frazer, *Folk-Lore in the Old Testament*, 1919, Vol. II, p. 570.

<sup>16</sup> Macalister, *The Excavation of Gezer*, 1912, Vol. II, pp. 429-431. On the foundation sacrifice cf. Clay Trumbull, *The Threshold Covenant*, 1896, p. 45; Tylor, *Primitive Culture*, 1903, Vol. I, p. 104; Liebrecht, *Zur Volkskunde*, 1879, S. 284; Schwenn, *Die Menschenopfer bei den Griechen und Römern*, 1915, S. 92; Sartori, 'Über das Bauopfer', *Zeitschrift für Ethnologie*, Bd. XXX, 1898; Krauss, 'Das Bauopfer bei den Südslaven', *Mitteilungen der anthropologischen Gesellschaft in Wien*, Bd. XVII, 1887, S. 16-24.

<sup>17</sup> Frazer, *Folk-Lore in the Old Testament*, Vol. I, p. 422.



sacrifice in ancient Palestine: Jericho, the city which was taken by a ceremonial circumambulation, can only be built up with the loss of a firstborn or a youngest son. 'And everything in Jericho was utterly destroyed excepting only Rahab the harlot and her family who had given shelter to the spies of the Israelites.'<sup>18</sup> When Peleus invaded Iolcus he killed the king's wife Astydamia, cut her into pieces and marched his army through the pieces into the city.<sup>19</sup> The meaning of this becomes quite clear when we remember that Astydamia accused Peleus of making love to her.<sup>20</sup> It is a sound principle of interpretation to regard mythological heroes as always guilty in such cases. Astydamia, the queen, represents the city, and the invader enters with a ritual rape or destruction of her body. We know that the house or city is a typical mother symbol,<sup>21</sup> and we are therefore especially interested in a group of ballads, well known in Turkey, various Balkan States, Hungary and Russia, in which a mother or a mother and her infant are walled up into a building. According to an Albanian version three brothers built the castle of Skutari. But what they built by day was destroyed by an evil fairy at night. The castle could only stand if they immured the wife of one of the brothers and it must be a wife who was also a mother.<sup>22</sup> A tube of goat's skin connected the infant with the immured mother and for two years she continued to nourish her baby with her milk. A source of clear water sprang up at the

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<sup>18</sup> Joshua vi, 26; 1 Kings xvi, 34; Clay Trumbull, *The Threshold Covenant*, 1896, p. 47; Sellin, 'Tell Ta'annek', *Denkschriften der kaiserlichen Akademie der Wissenschaften zu Wien*, Phil.-hist. Cl., 1904, Bd. 50, IV, S. 33, 51.

<sup>19</sup> Frazer, *Folk-Lore*, Vol. I, p. 408 (Apollodorus, *Bibliotheca*, III, 137).

<sup>20</sup> *Roschers Lexikon*, Art. 'Peleus'.

<sup>21</sup> On the city as a symbol of the mother see Rank, *Psychoanalytische Beiträge zur Mythenforschung*, 1919, S. 164. The Palóc people (Hungarian dialect) in the Mátra have an ornate column in the middle of the room supporting the ceiling. This is called holy mother (bódoganya). The children kiss it before going to bed and if they have been naughty. Reső Ensel, *Magyarországi Népszokások* (Folk Customs in Hungary), 1867, S. 199.

<sup>22</sup> In another group of legends the Devil has to be rewarded for his building activities by the child in the womb. Wünsche, *Der Sagenkreis vom Geprüllten Teufel*, 1905, S. 31, 53.



place and its healing value is still recognized by nursing mothers.<sup>23</sup> In the best Hungarian version the heart of the mother bursts in the wall and under her the earth opens. Her little son falls into this chasm.<sup>24</sup> If the earth or the new town or new buildings represent the mother, we can understand why South American Indians used foetuses in these sacrifices. The Peruvian and Bolivian Indians prepared as many tiny bundles as there were corners in the house and an extra one for the centre. Each bundle contained the foetus of a llama, the foetus of a pig, a piece of llama tallow, leaves of the plant called uiracóna and coca leaves.<sup>25</sup> In this case the idea is, as Karsten shows, to impart strength to the building or earth, to fill it with 'good body contents',<sup>26</sup> while, in the case of the infants cleft in twain in Palestine, the idea is to find a substitute for those who might die in the building, so that the talion anxiety for the phantasies of destroying the body may be abreacted on the body of these victims.

However, in the phantasies produced by our analysands, we usually find that the phantasy of destroying the body, the idea of opening the

<sup>23</sup> Szegedy, 'A befalazott nő mondája a horvát-szerb népköltészetben' (The Legend of the Immured Woman in Croat and Serbian folk poetry), *Ethnographia*, Bd. XXI, 1910, S. 15.

<sup>24</sup> J. Kriza, *Vadrózsák* (Magyar Népköltési Gyűjtemény), Bd. XI, I, S. 426. On this group of ballads and beliefs see Ralston, *The Songs of the Russian People*, 1872, p. 127; Horger, 'Kömvies Kelemenne eredete', *Ethnographia*, Bd. XIII, S. 392; B. Köhler, *Aufsätze über Märchen und Volkslieder*, 1894, S. 36; Schladebach, *Die aromunische Ballade von der Artabrücke*, Erster Jahresbericht des Instituts für rumänische Sprache zu Leipzig, 1894, S. 79; Alexis, 'Vadrózsapör', *Ethnographia*, 1897, Bd. VIII, S. 366; Sebestyen, *Magyar Népköltési Gyűjtemény*, Bd. XII, 1911, S. 450; Veress, 'Szekely Balladák', *Ethnographia*, 1911, S. 51; *Ethnographia*, Bd. XXXIX, S. 5; Sartori, 'Über das Bauopfer', *Zeitschrift für Ethnologie*, Bd. 30, 1898.

<sup>25</sup> Karsten, *The Civilization of the South American Indians*, 1926, pp. 287, 391.

<sup>26</sup> The hearts made of metal, the other objects in the tiny bundles, the small bottles of maize, beer, etc. fall into the same category. Karsten, *op. cit.*, pp. 287, 391. In Europe eggs or coins are frequently used. Wuttke, *Der deutsche Volksaberglaube*, 1900, S. 300; Liebrecht, *Zur Volkskunde*, 1879, S. 295; Krauss, *Volks Glaube und religiöser Brauch der Südslaven*, 1890, S. 158. A cave under the building and in it a book and golden crosses: Hanauer, 'Foundation Sacrifice Superstition', *Palestine Exploration Fund*, 1908, p. 77.



mother's body, is coupled with the phantasy of tearing something out of her body, i.e. another child, milk, the faeces, the father's penis—briefly, 'good body contents'.

In the group of rites and beliefs which we have been discussing, the 'good body contents' derived from the body of the destroyed victim appear in a sublimated form. They are represented by the *feeling of security* and merged into the *reparation phase* of these destructive phantasies. The castle of Déva built on the body of a loving mother shall stand forever, and when Abraham has made his covenant with the Lord the reparation phase of the phantasies of destroying the body appears in the form of his son <sup>27</sup> and in the form of the eternal covenant between Jahve and Israel:—

'And I will make thee exceeding fruitful, and I will make nations of thee, and kings shall come out of thee. And I will establish my covenant between me and thee and thy seed after thee in their generations for an everlasting covenant, to be a God unto thee, and to thy seed after thee.' (Gen. xvii, 6, 7.)

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<sup>27</sup> The theme of the covenant is repeated twice: first the animal sacrifice followed by Hagar's son Ishmael and then the circumcision followed by Sarah's son Israel.



## THE PROSPECTS OF PSYCHO-ANALYSIS

BY

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The title of this paper is not intended as an indication of the future trends of psycho-analytical research. Its aims are less ambitious. It is concerned with the forms which the development of psycho-analytical investigation will assume in the near or remote future, tracing among the factors already in existence those that seem pregnant with significance for further development. An attempt of this sort can be made without claiming the gift of prophecy.

Scientific endeavour represents the highest form of adaptation to the reality principle hitherto achieved ; but any actual science—that is, a sum of experience, observation, results of experimentation, with the addition of generalizations, theories and hypotheses—is by no means the pure and unalloyed product of scientific endeavour. It shows, like everything else, traces of unconscious wishes and anxieties, in the form of blindness to unwelcome facts or their distortion by wishful thinking. Nor are the forces of the super-ego—tradition, the authority of a master, religious awe—regularly on the side of the simple truth. Every science retains the imprints of its origin, of the personal influence of those master-minds by whom it was created and expanded, of the blind obedience or revolt of later generations in relation to their predecessors. In short, the human mind is present in it as an undivided and indivisible unit with all its single parts and tendencies. The development of a science is certainly less swayed by emotions and phantasies than that of political, social or religious concepts, but it would be a great mistake to accept its veracity and accuracy in details as a full proof of a systematic, serene and undisturbed progress towards the goal of ultimate truth. Personalities and animosities, great and small, are retained in it like fossils and preserved where the scholarly mind does not recognize them under their disguise of strict logic and sweet reasonableness. Again, at certain times the answers to this or that problem are urgently needed and the demand for them gets satisfied, even when the actual state of knowledge makes the discovery of the right answers impossible. The assumption that errors are short-lived and truth is eternal may be cheering in retrospect or at a great distance, but it does not help to resolve the doubts and difficulties of a



given situation. Errors, in spite of being short-lived, may last for a good many generations and show great capacity for growth and germination. Every phase of every established science, no matter if it is one of splendid progress or miserable decay, will become, to a quite perceptible extent, a phenomenon of mass-psychology. Psycho-analysis has no right to assume that it forms an exception to this rule, although it started under conditions which were rather different from the usual ones.

The beginnings of psycho-analysis were peculiar in two respects. First, because not only its foundation but also its elaboration were much more of a one-man job than in similar cases. Freud was not satisfied with the discovery of the unconscious and its workings as manifested in neurosis, psychosis, dream life and the psycho-pathology of everyday life; he inaugurated as well the expansion of psycho-analytic theory to the social problems—art, wit, religion, the origin of civilization—which became an intrinsic and important part of the new science. Finally he created the theory of the structure of the ego, which gave psycho-analysis its place as normal psychology—or rather among the psychologies.

The second peculiarity lay in the comparatively early date at which psycho-analysis was brought under the sheltering roof of an organization. This step was taken because its founder foresaw that a research into the unconscious was bound to be faced by exceptional difficulties. The resistances stirred up by any kind of innovation are—for reasons which every psycho-analyst to-day knows by experience—much fiercer when the Oedipus complex and infantile sexuality are the issue. The analysts, few in number, were exposed to a great deal of passionate criticism and biased misunderstanding and nearly everywhere excluded from participation in teaching or research at the public institutions of 'recognized' science. They needed an organization which would give them the assurance created by scientific co-operation and mutual understanding. At the same time an organization could provide a safeguard against the not less dangerous resistances from within, as evinced by a twisting away from the most objectionable statements, by attempts to tone down, dilute and perhaps falsify the facts. It became the unpleasant, but highly meritorious, duty of the organization to see to it that every move in this direction resulted in a clear-cut 'schism' instead of prolonged endeavours to obscure vital differences.

The necessity for a workable organization was increased after psycho-analytic therapy had acquired a reputation, partly with those



who always want to lead or follow a fashion, but more often with the steadier elements of the intellectual class which were attracted by the new psychological insight. Medical as well as non-medical therapists who had no psycho-analytic training began to use the name indiscriminately for their psycho-therapy, which was either a wilfully distorted form of psycho-analysis ('wild psycho-analysis') or had nothing at all to do with it. It became important that someone should have full authority to decide and declare who was entitled to describe himself as an analyst and who was not. The organization, being already in existence, was, of course, invested with this authority. As a natural consequence the framing of rules concerning teaching and training and the supervision of their observance became a prerogative of the association.

Here a point was reached where the scientific movement and the organization were bound to drift apart; their disconnection, imperceptible as it was at the beginning, became more and more an inevitable consequence of their natural growth.

Every organization will develop a tendency to make a practical purpose its nucleus, the centre of its interest, the main factor in its vitality and activity, and the psycho-analytical association was no exception to this rule. Moreover, every organization, like an organism, will find its main purpose in the continuation of its existence. Self-preservation tends to become its main purpose—one to which every other has to give way.

The scientific movement, if it remains alive, takes a different path. It spreads out in new directions which cannot be foretold or controlled by any single mind or any organization. This has been the case, emphatically, with psycho-analysis. The beginning was characterized by the work of Ernest Jones, Karl Abraham and Sándor Ferenczi; each of them was first attracted towards analysis by their medical therapeutic interest in psycho-pathology, but their contributions reached out into many fields, which had no connection with their medical profession. From that time onwards the new science has penetrated so deeply into the mind of the modern scholar and scientist that its influence can be traced in practically every domain of science which has any, however remote, connection with psychological problems—and there is hardly any science in which such a connection does not exist. Its influence has been highly variegated and extremely subtle. Sometimes it can be recognized by the use of psycho-analytic terms; but these terms may also be found where the real influence of



psycho-analysis has been but a small one. Its ascendancy has been most important where it is signalized by hardly any outward sign, but where the way of thinking, the new approach to old problems, reveals its significance.

This extraordinary spreading cannot proceed far without producing here and there a new variation in method which is, as usual, developed and established long before it is recognized as such. The discussion and clarification of the methodological value of such a variation cannot take place till its results are available generally for all sorts of testing. In psycho-analysis the fundamental technique was—and will probably remain—free association. But this technique cannot be used when psycho-analysis is applied to many forms of social psychology. Social phenomena, such as religion, culture and art, biographical and historical research, find out, according to the different material with which they deal, different sorts of technique. This process was inaugurated by Freud and carried out in many fields with signal success, but the clarification of principles—concerning how and where the new method is different from the old one, which of the new forms is legitimate and which is not—is nearly everywhere absent and will probably be slow in developing. Child analysis, too, especially the investigation of early childhood, could not rely exclusively on the method of free association; it had to develop a method of direct observation or some special technique which, again, has to be used first and become systematized afterwards.

In these ways the scientific trends in psycho-analysis have been separated and are bound to become still more divorced from the organization which, by its inherent law, becomes progressively more conservative, directed towards practical aims and a self-preservative purpose.

A prediction which seeks to point out how the necessities of the present are factors in determining the future cannot well consider anything in the way of remedies or prevention. Instead of that, we may perhaps be permitted to conclude with an attempt at a long range view—into a future in which our present problems and difficulties will be long forgotten. Freud's last book, *Moses and Monotheism*, arouses the desire for such an outlook upon remote times—an outlook, as it were, from a great height. If we assume that every great man, every leader towards a new vision and a greater idea of humanity, has something in him of the personality and fate of Moses, then Freud has unintentionally given us a portrait of himself and his work. The



teachings of Moses passed through many changes and transformations ; sometimes they seemed to be quite extinct, sometimes to be reversed into their precise opposite. But, after a long lapse of time, the core and essence of his teachings reappeared and became the guiding force of our part of the civilized world. It seems not unlikely that Freud's discovery of the unconscious and the Œdipus complex will have a similar fate.



## IDENTIFICATION AND SUBSTITUTION

BY

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LAUSANNE

The term 'identification' has never been completely defined in psycho-analysis. And, since this word takes on various meanings, it would certainly be an advantage if we were able to discriminate between the different ways in which it is used.

In the first place we must draw the very necessary distinction between identifying oneself with another person (centrifugal) and identifying another person with oneself (centripetal). But it is not this difference that we should like to discuss to-day.

Freud has himself discussed three aspects of this mechanism: 'First, identification is the original form of emotional tie with an object; secondly, in a regressive way it becomes a substitute for a libidinal object tie, as it were by means of the introjection of the object into the ego; and thirdly, it may arise with every new perception of a common quality shared with some other person who is not an object of the sexual instinct.'<sup>1</sup> Identification with the father partakes of the three mechanisms quoted above.<sup>2</sup>

Identification with the father, besides having the motivation noted above also aims at neutralizing aggressiveness. The following passage by Freud seems at any rate to imply this. 'Since the enmity cannot be gratified there develops an identification with the former rival. The study of mild cases of homosexuality confirms the suspicion that in this instance, too, the identification is a substitute for an affectionate object-choice which has succeeded the hostile, aggressive attitude.'<sup>3</sup>

We believe, for reasons we shall go into later on, that it would be better to apply the term 'substitution' to this identification which aims at neutralizing aggressiveness.

Let us first of all study the notion of identification. This may be produced by admiration, by affection or by imitation. It always implies that the relation between the subject and the object with which he identifies himself is one of confidence. An essential element of the process by which it is obtained is imitation.

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<sup>1</sup> *Group Psychology and the Analysis of the Ego*, 1922, p. 65.

<sup>2</sup> *The Ego and the Id*, 1927, Chap. III.

<sup>3</sup> *Ibid.*, p. 50.



When a child is learning a new gesture or action and succeeds in reproducing it, he feels as though he were like the adult who has taught him how to perform it. This feeling of equality enables him to identify himself with the adult, for even if the gesture has only been successful in a very slight degree, the child imagines, thanks to autism, that he has mastered it, especially if the adult trusts and encourages him.

This mechanism is of great importance in the development and formation of the ego. For it is as the result of a series of identifications that the ego achieves autonomy.

If, with regard to some gesture, the child becomes convinced that he is executing it as the adult does, he will soon give up performing it by imitation; he will have integrated it into his personal experience and he will now perform it as himself and not as someone else. Henceforth, as regards this particular point he will adapt himself directly to reality and will no longer have to follow the lines laid down by the adult. The sum of all these successful and integrated experiences finally forms that portion of the ego which is free from conflicts and to which Hartmann has so rightly drawn attention.<sup>4</sup>

In the field of genetic psychology we learn that this identification has some further happy consequences. For in order that it may be possible to establish a relationship of collaboration between two human beings and not one of subjection or revolt, there must be a feeling of equality between them. The younger of the two must on the one hand be able to express his opinion freely and on the other hand be capable of putting himself in the other person's place and of examining his arguments objectively.<sup>5</sup>

This confidence from which springs the autonomy of the ego is only acquired by a series of identifications which are subsequently abandoned in favour of experience.<sup>6</sup> Identification—for a child at any rate—is, as it were, a necessary intermediary between the unknown reality and personal experience.

If for some reason or other the identification is too strong, the child does not succeed in getting out of an attitude of submission which

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<sup>4</sup> 'Ich-Psychologie und Anpassungsproblem', *Internationale Zeitschrift für Psychoanalyse und Imago*, Bd. XXIV, 1939.

<sup>5</sup> Cf. Piaget, *Le jugement moral chez l'enfant*, 1932.

<sup>6</sup> Cf. R. de Saussure, 'Conduite d'obéissance et conduites d'expérience', *Evolution Psychiatrique*, Année 1937, p. 81.



obliges him to behave upon a basis of obedience instead of upon a basis of experience. It is for this reason that the element of jealousy that enters into the Œdipus complex often facilitates the independence of the son in relation to the father. On the other hand it is thanks to a series of identifications, if these turn out well, that the child succeeds in basing his behaviour on experience and thus acquiring an objective attitude.

Now that we have a clear notion of identification and of its consequences in the development of the ego, let us turn to the study of substitution.

While identification is based first and foremost on a relation of confidence, the basis of substitution is distrust between the subject and the object he is seeking to identify himself with. It might be said that substitution is an unsuccessful identification. Let us first examine the circumstances which lead to its formation. This formation is the result of envy, jealousy, rivalry and wounded pride.

When a child is learning some new gesture and comes up against the irony or contempt of his parents, far from admitting his defeat, he will, in his autistic thoughts, place himself above them ; but, from a sense of guilt or from a certain sense of reality, he will at the same time place himself below them. Instead of identification there will at the same time be substitution and subordination. Such a situation will fixate a narcissistic reaction and will at the same time be the basis of the vicious circle of inferiority feelings.

Many parents, when they scold their children, say to them : ' You'll never know anything ', ' You'll never be any good '. At such moments the children feel within them another voice saying : ' It's not true, it's you who don't know anything, it's you who are no good.' This very frequent experience is a good description of a substitution situation. The child not only puts himself in his parents' place ; he also puts them in his own.

The need for substitution also appears in various circumstances of life. Every situation based on jealousy, and in consequence first and foremost the Œdipus situation, necessitates substitution. The little boy wants to put himself in his father's place. Thus Freud writes : ' The super-ego is, however, not merely a deposit left by the earliest object-choices of the id ; it also represents an energetic reaction-formation against those choices. Its relation to the ego is not exhausted by the precept : " You *ought to be* such and such (like your father) " ; it also comprises the prohibition : " You *must not be* such and such



(like your father) ; that is, you may not do all that he does ; many things are his prerogative ". This double aspect of the ego-ideal derives from the fact that the ego-ideal had the task of effecting the repression of the Œdipus complex, indeed, it is to that revolutionary event that it owes its existence. Clearly the repression of the Œdipus complex was no easy task. The parents, and especially the father, were perceived as the obstacle to realization of the Œdipus wishes ; so the child's ego brought in a reinforcement to help in carrying out the repression by erecting this same obstacle within itself. The strength to do this was, so to speak, borrowed from the father, and this loan was an extraordinarily momentous act.' <sup>7</sup>

Here Freud describes very clearly the passage from substitution to identification. But if this evolution miscarries, the need for substitution persists in adult life. The same thing will occur when the child has not properly got over a situation of rivalry with a brother or sister. During the rest of his life he will retain the feeling of inferiority and will experience the need to substitute himself for the object of his envy. In the same way a masculine woman substitutes herself for the being who possesses a penis ; in this typical case it is easy to grasp the definition of substitution as unsuccessful identification. All these situations can be superimposed on the situations in which the adult says to the child : ' You'll never be any good '.

Substitution is a normal mechanism, since every child in the course of his Œdipus complex must go through it. And it is probable that, in varying degrees, adults still go on utilizing mechanisms of this kind which act as a stimulus in competitive situations. But if these mechanisms are too often resorted to they give rise to a series of unfortunate consequences which we shall now pass rapidly in review.

In the first place a substitutional type never attains a feeling of equality with his neighbour. As we have already pointed out, he feels at the same time both higher and lower than he. As a result of this his ego does not attain an autonomous stage : the experiences of such subjects, instead of being functions of themselves and of reality, take place as functions of the coveted object. No certainty can emerge from these experiences, for each time the subject is left with the impression that he has done both better and less well than his rival. Hence this haunting doubt that expresses itself in feelings of inferiority and the obsessional craving to be loved, reassured and admired. As

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<sup>7</sup> *The Ego and the Id*, pp. 44-45.



long as he perseveres in this attitude the individual cannot discard his narcissism. He is incapable, in an argument, of putting himself in the other person's place in order to objectivize his judgements, and he always finds it necessary to prove and to demonstrate that he is in the right. In fact he substitutes himself for the other person. This mechanism bars the road to any object relationship.

I will not dwell upon all the features deriving from narcissism which are found in these patients, but will only add that in these cases narcissism takes on a primarily intellectual character. I should like to make it quite clear that, in my view, narcissism is not caused by substitutional mechanisms; these merely fixate the individual at the narcissistic stage and, until they are resolved, prevent him from progressing towards object relations.

When the child is engaged in such conflicts his desire is no longer to *become* as strong or stronger than his father; he wishes to be more powerful than him *at that very moment*. A frequent consequence of this condition is that the patient takes no interest whatever in his own future. Any idea of making progress, any effort becomes foreign to him. He realizes his superiority in phantasies, and in real life contents himself with a very mediocre existence which he pursues mechanically, that is to say in a manner which is without libidinal cathexis. Other patients get more out of this conflict. They foresee their biography, which is, as it were, written down beforehand and which, of course, contains a large number of noble deeds. The sense of development in time is equally undeveloped in them; their whole biography is a kind of phantasy whose unfolding is being lived through in the present.

The most deplorable consequence of the substitutional attitude is that these patients lose interest in everything. Their acquaintances, their activities, the books they read, all serve them merely as instruments of prestige whose function it is to convince them of their superiority to other people.

When the substitutional conflict breaks out at a very tender age and the child still believes in the omnipotence and omniscience of his parents, the boy seeks to realize an absolute by substituting himself for his father. He must have all or nothing, the notion of relativity remains out of his ken. And so he always believes himself to be in the right against others and demands absolute submission from those around him.

An intense desire to possess something does not go without a sense of guilt and the more absolute the desire the greater the inhibition



Those people who desire everything are often obliged to content themselves with nothing.

This deprivation is naturally accompanied by anxiety and patients who are inhibited in this way sometimes end by plunging into a psychosis and developing a systematic megalomania. They have abandoned the position of having nothing in favour of the position of having everything—on the level of the omnipotence of thought. It can then be said of them that their psychosis serves as a catharsis of their neurosis.<sup>8</sup> By believing themselves to be an emperor or king, they have substituted themselves for the father they knew in childhood; they have acquired the power and riches they had so long coveted. It is well known that ideas of persecution often accompany megalomania. These ideas are the remains of the attitude of distrust which is at the bottom of all mechanisms of substitution. Such are the ultimate though not inevitable consequences of the mechanism of substitution.

Owing to lack of space we have developed the foregoing theoretical considerations without the addition of clinical examples. But the facts are so common that we can all illustrate them with examples taken from among our own patients.

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<sup>8</sup> Cf. R. de Saussure, 'Les mécanismes de substitution et de tout ou rien', *Evolution Psychiatrique*, Année 1939.



## ON LEARNING A NEW LANGUAGE<sup>1</sup>

BY

ERWIN STENGEL

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The events of the last few years have given rise to an interesting mass problem which deserves the attention of the psycho-analyst. It is the problem of the mental processes which lead to and accompany the acquisition of a foreign language in a foreign country. This problem is of especially great importance for a psycho-analyst who has to continue his work in a new country. My interest in the subject originated from previous studies of speech defects in diseases of the brain: I had concerned myself with some symptoms which may lead to an understanding of some of the difficulties arising in learning a new language.

There is no need to-day to give evidence that we are justified in examining the speech defects of aphasics according to the same principles as the errors of the healthy adult and the deficiencies of infantile language. It is noteworthy that Freud in his book on aphasia (1891) wrote that many of the mistakes of aphasic patients are of the same kind as the slips of the tongue which may happen to healthy individuals in states of fatigue and absent-mindedness. Hughlings Jackson, the founder of modern brain pathology, recognized and described the phenomena in aphasia as a re-development of normal mental processes.

I will begin with a simple phenomenon. If after complete loss of speech language begins to return, the patient often shows a symptom called echolalia. He repeats, as it were automatically, words heard by him. This symptom has been regarded as a typical automatism; but the interpretation is not satisfactory. Echolalia occurs almost exclusively under conversational conditions and it is the result of a primitive tendency towards identification by the aid of which many aphasics seem to re-learn language. There is a similar state of echolalia in the early development of speech in childhood. In the process of the acquisition of a new language by an adult, we find hardly any trace of this involuntary repetition. The adult lacks this primitive mechanism of identification. In the child who is learning a new language it is

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<sup>1</sup> Read before the British Psycho-Analytical Society, March 1, 1939.



often pronounced and the pleasure in a senseless repetition of heard words is characteristic. This difference seems to be of importance for understanding the different methods which are at the disposal of the child and of the adult in learning a new language.

There is another interesting phenomenon which concerns a disturbance of word finding, i.e. the correct naming of objects. I am not considering cases of amnesic aphasia, in which the use of substantives has been lost, but cases where as the result of a diffuse disease of the brain a disturbance of memory and of the power of concentration has arisen and where the mental outlook is not quite clear. If one asks such patients to name objects, they do not behave like the amnesic aphasic or the normal individual who has an incomplete vocabulary. They do not say, as such individuals do: 'I know what it is, but I cannot find the name.' The patients with a more general disturbance of mental activities attribute names without any hesitation, producing primitive associations. They produce either a wrong name which shews some associative relation to the right one (e.g. they call a silver watch a 'silver coin') or they produce new words (e.g. 'silver-time-measurer'). If one tells such patients, where their understanding is undisturbed, that the names are wrong, they often do not accept the correction but insist on their own choice of words. Patients who are in a state of severe physical weakness, owing to intoxication or high temperature, show similar reactions. It is remarkable that, as a rule, only one category of words is undisturbed, and that is the names of objects belonging to the ego, and especially of parts of the body.

We are concerned with individuals who seem to neglect the necessity for naming objects correctly and produce either wrong or newly created words. In these individuals a mechanism is disturbed which is of fundamental importance in the language of adults, namely, the impulse to obtain an accurate correspondence between an object and its name. The more conscientious an individual is, the more pronounced is this impulse. In conditions of severe weakness of the ego it loses its strength or even disappears. It seems as if such people were incapable of the effort or unwilling to make it. The healthy person knows how difficult it may sometimes be to find the right word—the only right word—for naming some object or some action. As long as it is not found, we feel dissatisfaction and even a certain sense of guilt. It is obviously one of the functions of our super-ego to watch over the strict rules which regulate the relations between words and objects. In a state of weakness of the ego the severity of the super-ego relaxes.



The ego is allowed to infringe these laws. We know how much care education devotes to them. In persons with a strict super-ego this function is subjected to increased control; and obsessional neurotics find the fulfilment of these demands difficult. In learning a new language we become aware of this function of the super-ego. Each of us, and especially those with some traits of obsessional neurosis, is often haunted by doubts whether some chosen word really reflects the idea of the object. The obsessional neurotic character therefore slows down the acquisition of a new language, although it may render eventual success more certain. But even the normally developed super-ego of the adult has a retarding effect upon the development of speech.

From this point of view as well children are more fortunate. The feeling that the relations between the word and the idea of the object are bound by strict rules is a comparatively late acquisition of the super-ego. We can find in children reactions quite similar to those of the patients described above. The young child does not suffer from such doubts. It is not afraid of wrong words and does not shrink from forming new expressions on the spur of the moment, if the one generally used is not at hand. These word-formations on the part of children demonstrate an impressive creative power. They play as important a part in the development of language in childhood as does the impulse to imitation or, as we should say, to identification.

I shall now proceed to another problem. Are the processes of thought altered and disturbed by the new language? I will here describe a remarkable phenomenon, although I am not able to interpret it fully. As is well known, there is a certain type of individual in whom the thought processes are accompanied by visual images. The average individual, too, can produce such images by a voluntary effort. These reactions are altered during the acquisition of a new language—a fact which I have observed both in myself and in other persons. I will give some examples.

If a German, in the early stages of learning English, produces or hears the word '*Universität*', the picture of the façade of one of the university buildings known to him may appear, that is to say, a simple pattern. The word 'university', on the other hand, may give rise to a picture of a professor lecturing before an audience. The same thing happens with other words of a less pronouncedly local character. Thus, the word 'slaughter-house', spoken in the native language, may produce the picture of a house, but in the new language the picture of



the act of slaughtering an animal. The same difference will appear, if one compares the effects of the words '*Schuster*' and 'shoemaker', '*Schneider*' and 'tailor', etc. Words in the native language call up a picture of a simple lifeless pattern, while the corresponding words in the foreign language call up the images of living actions. It is evident that the images following the word in the foreign language are more primitive and concrete. This mechanism agrees with normal reactions in children. Their more concrete character is typical of a fundamental change in the mental processes in diseases of the brain (Goldstein). This peculiarity of the images disappears at an early stage in learning a new language, especially if it is learned in the foreign country.

It is hardly possible to decide to what extent the phenomenon which I have described is connected with the obvious fact that our libidinal relation to an object denoted by a word in a foreign language is somewhat different from our relation to the same object denoted by a word in the native language. In any case, it is of interest that the transitory change in our libidinal relation to the object coincides with a change in the processes of imagination, and there is justification for the suspicion that this coincidence is not an accidental one. It will be remembered that the acquisition of a foreign language is much easier in the foreign country, where the idea of the new words can quickly be brought into connection with the native objects. Our relation to dead languages, too, can be partly explained along these lines.

In dealing with these problems we cannot help remembering what Abraham described as 'the determining force of names'. I think that Abraham's conclusions not only hold good for certain names of persons, but can be applied equally to explain the fact that quite generally our relations to an object change at the moment at which it obtains a new name during the process of acquiring a new language. This can be proved by the strange feeling we experience if one of our friends changes his name and assumes a new foreign name which has no relation to his old one. It seems as if his new name forces us to renew our libidinal relations to him. We feel an initial resistance against objects which we are compelled to denote by new names. Or, to put it another way, our resistance to every change in our libidinal relations to objects causes a certain amount of resistance to their new names. This resistance is naturally strongest in connection with objects which are nearest to our feelings. For children this source of



resistance against a new language exists to a lesser degree. For here the change is not opposed by a rigid system of object relations.

There is another pathological symptom which shows the importance in regard to speech of libidinal relations to objects. Chronic epileptics often show a transitory disturbance of speech in the post-paroxysmal period and especially a disturbance of word-finding. But there is no question of a general disturbance of the faculty of naming. The patients are unable to name only such objects as have no intimate relation to their ego. The power of naming the parts of their own bodies, as well as the corresponding parts of other persons' bodies, remains intact; so, too, does the power of naming their own clothes, etc. We have learned the egocentric nature of such patients' mental processes from Jung, Ernest Jones, Maeder and others. The whole of their interests centre about their own personality. In the post-paroxysmal state this peculiarity is most pronounced. The preservation of the faculty of naming objects which are in close relation to their ego is doubtless due to the characteristic restriction of their libidinal interests. The re-development of the relation towards the external world after the death-like state of the epileptic fit is accompanied by a characteristic re-development of language, which is at first adequate only in regard to those objects towards which the patients' libido is mainly directed.

The phenomena which I have described seem to be of value for an understanding of some of the difficulties which the adult has to overcome in acquiring a new language. The difficulties of a foreign language exist for everybody. But the results of the struggle are very different in different cases. An obvious explanation is that this is due to differences in some innate gift for languages. The acquisition of a new language is certainly dependent among other things upon factors which are not accessible to psychological investigations; but with these we cannot deal here. We are concerned with some only of the factors which ensure the success of that gift or make it uncertain. Speech is an accomplishment of the ego. To investigate speech difficulties from a psycho-analytic point of view means investigating the different emotional influences to which the ego is subjected. These influences vary in different personalities. If we make a superficial survey of the behaviour of the average foreigner we can make observations which point to the existence of a considerable resistance against the new language. This resistance expresses itself in various ways which have in common a considerable degree of irrationality. There somehow exists in many people a hope that their language is spoken



everywhere, or another, more concealed, hope of converting the strangers to their own language. Many jokes give expression to these ideas. In many people there is a certain degree of contempt for the new language. They earnestly believe that their native language is the best—the only one capable of expressing adequately the variety of life. The new language is often regarded as poor and somewhat primitive. There is often a feeling that only the words of the native language can reflect the truth, while the foreign words are somehow felt as false. This kind of connection between correctness and truth seems to be a residue from the period of education. By many poems, singing of the native language, the character of veracity, as inherent only to the native language, is praised. This idea is strange to those who had to learn more than one language in childhood.

Progress in learning the new language is often arrested at a certain stage, which differs in various individuals. Having reached this point, they add hardly anything more to their knowledge. The new language, as spoken by them, seems to be the result of a compromise between the demands of reality and their emotional resistance against the new way of expressing themselves. The factor of devotion to the language of their parents, partly unconscious, may be of importance; and there are other obvious reactions. Hardly anyone is free from a sense of shame when he starts using a new language. This can be explained by the feeling of insufficiency. Acquiring a new language in adult life is an anachronism and many people cannot easily tolerate the infantile situation: their narcissism is deeply hurt by the necessity for exposing a serious deficiency in a function which serves as an important source of narcissistic gratification. This sense of shame, caused by the feeling of inferiority, may often have an encouraging rather than an inhibiting effect. It sometimes disappears as soon as the first difficulties of making oneself understood have been overcome.

Of higher interest is another type of sense of shame, sometimes accompanied by a trace of fear. In some individuals a feeling of shame arises when they have managed to say something in a foreign language correctly. There seems to be a certain anxious expectation of what may be the impression and the effect of this new accomplishment. This feeling, which may have parallels in reactions of childhood, is sometimes tinged by a strange feeling of guilt. These reactions to a well-performed act of speech deserve attention, as they are apt to hamper the acquisition of the new language. They may arise particularly when a person succeeds in saying something specific, which



is different from the native language, e.g. an idiom. Idioms are largely responsible for the specific features of a language. Idiomatic speech is a kind of secret speech. Idioms are riddles set to the foreign intruders by the natives. They are traps in the language. Their real meaning and their real effect always remain a little mysterious to the foreigner. He avoids using many of them, even if he knows them quite well. A certain unconscious fear of the magic effect of speech may be of importance; but other factors are to be considered. Many idioms have the character of jokes and of the language of dreams. But they are petrified jokes and their symbolism is very often incomprehensible. The purpose which their creation had to fulfil in the history of the native people often has no actual meaning for the adult foreigner. The adult who comes across a foreign idiom is forced in the direction of regression, i.e. in the direction of the primary process which once created the idiom. His resistance against many idioms is analogous to the resistance of the patients against the analysis of their dreams. We forget idioms just as we forget dreams; we feel the strange effect of foreign idioms because they force on us the pictorial thinking which we experience as a temptation as well as a danger. The same effect is produced by single words which contain a metaphor or a simile. The new language has a feature which might be described as a strange transparency which tempts to phantasy and play. We often notice a feeling of uncertainty as to the extent to which a word is used only figuratively. While learning we often suspect the latent original idea behind the word, the latent thought behind the idiom. We experience an increased consciousness of symbolism. Increased consciousness of symbols has been described as characteristic of schizophrenic thinking; and it would not be surprising if the reactions to the change in the external world experienced by a foreigner in a new country had something in common with the feelings of schizophrenics who experience an alienation in their environment.

I will turn to yet another experience. One of the chief reasons why so many people dislike making use of or even learning a new language is a dread of appearing comic. I need not explain the comical effect of deficiencies of speech in an adult. The formula coined by Kris 'What was feared yesterday is what is comic to-day' is equally valid for this case. We know the connection between exhibitionism and the comic, which was described by Ernest Jones. Exhibitionistic impulses and their repression act as powerful motives both in encouraging and in inhibiting the learning of new languages. Some persons, in the first



stage of using a foreign language, have a feeling as though they were wearing fancy-dress. Thus it is very probable that the feeling of shame, described above, which often appears after a successful linguistic act, originates in exhibitionism. The child's position with regard to these difficulties is quite different. To give a young child a second language, means to give him a second method of play. The impulse to communicate, described by D. Burlingham, makes use of the new language with pleasure. There is no fear of talking nonsense, for talking nonsense is a source of pleasure. Nor is there any fear of fancy-dress—the child loves to wear it. The adult will learn the new language the more easily, the more of these infantile characteristics he has preserved.

What I have so far been discussing has been concerned with the general difficulties of learning a new language. The position of the psycho-analyst who is not fully conversant with a patient's language is a special one. Provided that the psycho-analyst understands what the patient says and the patient knows this, it does not apparently make much difference whether the analyst's mastery of the language is more or less perfect. There is, however, no doubt that the psycho-analyst's deficiencies of speech are apt to add to the resistance of the patient. It may sometimes be difficult to convince the patient that other reasons lie behind this motivation. It becomes more difficult if the psycho-analyst himself is not quite sure of the fact. In favourable cases, which have developed good transference conditions, it is surprising how far the patient adapts himself to the stage of the psycho-analyst's knowledge of the language. Identification with him eliminates the comic effect of his deficiencies. The impulse to make themselves understood leads some patients to consider unconsciously the state of the analyst's knowledge of the language. The prospects of being cured are not seriously diminished by the fact that the analyst's speech has not reached perfection. But his position is more difficult, as the conditions are more complicated. A careful investigation of these complications might add to our knowledge of the problem of resistance in analysis.

In this paper I have been able to raise only some few points of interest. I have dealt almost exclusively with the difficulties and resistances in the way of learning a new language, while I have not dealt with the forces which render the process possible and even pleasurable. I have had to confine myself to the instance of a person who settles in a foreign country, whereas there are, of course, other



conditions of acquiring a new language which I have not been able to consider. Nor have I discussed the psychology of people who learn a new language spontaneously. It would be valuable to study the various sources of this impulse, but the present paper cannot contribute to the problem. The psycho-analytical method of approach allows us to see the disturbing factors first. But the study of them may lead to a deeper understanding of the forces which build up the fabric of speech, the highest accomplishment of the ego.



# THE FUNDAMENTAL CONFLICT WITH PSYCHO-ANALYSIS

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## I

Psycho-analysis is nearing its fiftieth birthday. Half a century is but a brief moment in the history of a scientific discipline. It is long enough, however, in this age of ultra-rapid developments to perceive the major trends of a new science which indicate, perhaps, its historical destiny. Other therapeutic endeavours saw light in the course of the same period. A number of procedures, more 'sound' than psycho-analysis, came and went with the utmost dispatch. Pyretic therapy, for instance, malarial inoculations by the followers of Wagner-Jauregg, insulin and metrazol, the dental and abdominal surgery of Cotton, the neuro-surgery of Walter Freeman, all were used for the cure of psychoses and neuroses and all have been discarded or are about to be abandoned as soon as the brief and naïvely spectacular claims prove false at the first contacts with the grim realities of clinical psychopathology. The precipitate birth, ephemeral life and sudden death of these procedures are primarily due to the fact that they came into existence not as the results of empirical observations based on analytical scientific thinking, but instead were derived from the perennial obsessional belief that 'there must be something anatomical and physiological at the root of this or that'. This 'there must be', persisting in medicine from the days of Hippocrates until now, is the only constant feature of the *ad hoc* method in medical psychology. Its external manifestations vary with the traditions of the ages. Hippocratic psychiatry inaugurated or authorized the tradition of 'touristic' and pharmacological psycho-therapy: long voyages and hellebore, a potent laxative, and hypnotics. Mediæval psychiatry followed this tradition and elaborated upon it through the development of dietetics and the *Dreckapotheke*. The age of physics brought the gadget into psycho-therapy, the twirling chair (*Drehstuhl*, producing vertigo and unconsciousness), the psychiatric 'noyade' (half or almost complete drowning), and finally blood letting. From the beginning of the nineteenth century on, through the great strides made by chemistry, we have returned imperceptibly to the pharmacological ages of yore (metrazol), to the *Dreckapotheke* and Hippocratic humoralism, as



represented by that overworked and never working mono- and poly-glandular therapy. Except for a few cases, these therapies with their induced convulsions, fever, states of unconsciousness, with their lobectomies, sigmoidectomies and direct castrations of men and sterilizations of women, represent the expression of an ancient trend of conscious and mostly unconscious hostility against the mentally ill. This hatred is sufficiently repressed to assume a variety of guises but always it betrays signs of the return of the repressed either in the form of a death threat against the patient (drowning, cutting, inducing convulsions, artificially prolonged sleep) or in the form of the obsessional conviction that 'there must be something organic, something constitutional', the sick individual must be a contemptible cripple of some sort. The sincerity of these therapeutic convictions cannot be questioned, nor should the industry and the inventiveness of the traditional therapy of mental diseases be disparaged. Yet it is easy to observe that the history of this psychiatry is not that of a scientific discipline, but rather a manifestation of a secular repetition compulsion which always rises despite its ever conspicuous proclivity to fall and which inevitably falls despite its inherent tendency to rise. The history of a truly scientific system is not characterized by such compulsive repetitiveness. It has its own historical rhythm, to be sure, but it does not appear to be a victim of such rapid ups and downs.

Every scientific system begins as a revolutionary idea. Opposed at first, it gradually crystallizes into a set of accepted dogmatic principles; an orthodoxy is then established which creates a rapidly growing harvest of heterodoxies. These heterodoxies, for the most part eclectic compromises, give violent battle to the prevailing system of thought. On the other hand, the established dogma defends itself with considerable vehemence but ultimately degenerates into a set of authoritarian, lifeless postulates which prove very brittle in the hands of an objective investigator. In the wake of this *débris*, there is left as a permanent heritage of knowledge the few data which are truths and therefore are able to withstand the storm of events. Hippocratic medicine and its offspring, the Galenic system, went through this series of developmental stages until they finally yielded, not without bloodshed and passionate stultification, to modern scientific principles.

Psycho-analysis, like any other scientific system, also started as a revolutionary idea but, unlike any other medical system of thought, it struck at the very heart of the age-long pharmaco-surgical obsession. It presented at once such a radical departure from the compulsive



neurotic thinking about the cure of the mentally ill that there is reason to doubt if it will ever overcome universal resistance as, for instance, the heliocentric theory finally surmounted the geocentric prejudice. The very nature of the opposition psycho-analysis had to meet forced it into a revolutionary attitude towards the prevailing systems of thought. This fact accounts for a great deal of the atmosphere of conflict with which it is surrounded in relation to medicine, sociology, theology and psycho-pathology, but it is highly doubtful whether this factor alone could be held responsible for the sustained opposition.

Psycho-analysis appears already to have lost its sparkle of newness. Even the name has become sufficiently familiar to all civilized tongues for the term to be applied with an ever increasing lack of discrimination to a variety of procedures which deserve more precise and more pungent denominations. There are purple and red neon signs glowing in some streets of Hollywood which proclaim the virtues of psycho-analysis along with those of hair tonics and sure-fire laxatives. Such conspicuous and cheap popularity is usually a sign of decay. It signifies that a system of thought or a world view has already settled into sanctimonious dogmatism and, as a result, a loud eclectic wave begins to hit the rock of dogma. One may, therefore, legitimately ask whether psycho-analysis, despite its revolutionary observations and formulations, has already fallen or is showing signs of reaching those developmental stages of disintegration which forewarn of rigid doctrinairism. If this were true, it would explain not only the appearance of aggressive heterodoxies and boastful eclecticism, but also the general opposition which frequently hides itself behind such rationalizations as: 'How can we accept or agree with psycho-analysis when the psycho-analysts don't agree among themselves?' After all, the sustained revolutionary attitude of psycho-analysis may be no more than a façade for aggressive dogma. A careful and objective scrutiny of the history of psycho-analysis will easily disabuse us of this suspicion, for the characteristic peculiarity of the founder of psycho-analysis and his worthiest pupils, like Ferenczi, Abraham and Ernest Jones, is their unwillingness to consider their formulations final. For almost fifty years Freud refused to overvalue his own statements and, from his earliest observations on neuro-psychoses to *Inhibitions, Symptoms and Anxiety* and his most recent *Moses and Monotheism*, he has continued to study and revise his own opinions in the light of newer observations and discoveries. There has been and still is no sign that psycho-analysis is being jellied into a set of immobile laws. This being the case, it is more probable



that the dissension within and the opposition from without psycho-analysis are rather indications of vitality, of the fact that psycho-analysis is still in the phase of scientific revolution.

We have thus arrived at a state of unmistakable confusion : psycho-analysis is a vigorous system of thought ; it is very popular, at times too popular ; it has become widely accepted by many scientists, practising physicians and even some political philosophers, yet it is combated by an ever increasing mass of people and affects. It is disputed not because it is a new thing and not because it is getting old and dogmatic, not because it has abandoned its therapeutic intent and not because it is unmindful of human ills. What is it then that seems to promote the war against psycho-analysis ? As psycho-analysts, we may well ask ourselves : What are the chief instinctual sources of the conflict with psycho-analysis ?

## II

There was a time when the question was disposed of by the simple answer : sex. The individual and society as a whole are unwilling to face their own sexual drives. If this were the final answer, the opposition to psycho-analysis should now be definitely on the wane. Even the *New York Times* now allows the word 'homosexual' in its columns ; it calls syphilis by name instead of gyrating with vague euphemisms. Some news agencies, in a report of a Polish-German incident, used the word 'castrated' when describing an alleged mutilation of a soldier. An authoritative Catholic guide for Catholic doctors<sup>1</sup> admits that certain neuroses have something to do with the sexual difficulties of certain individuals. The phrase 'psycho-sexual maladjustment' is common usage in scientific and quasi-scientific circles ; such terms as 'father attachment', 'mother attachment', 'auto-erotism', are heard almost as commonly among the enlightened and not so enlightened laity. Problems of male and female homosexuality are discussed with increasing frequency and frankness in literature and the theatre. People are not as frightened of direct and some indirect manifestations of sex as they used to be. The answer 'sex' appears at least to have become inadequate.

Perhaps the discovery of the unconscious should be looked upon as an important source of antagonism. Striking as it does at the heart of man's narcissism, it may be responsible for the chronic

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<sup>1</sup> A. Bonnar, *The Catholic Doctor*, New York, 1938.



resistance which surges up when one is invited to consider psycho-analysis objectively. We do not like to admit that we do things unknowingly. This is another way of saying that we persistently assert our omniscience and the sadistic omnipotence of our thoughts; what we do not think, what we are not conscious of, does not exist; it is dead—as we unconsciously wish it to be, of course. It is true that a great deal of opposition to psycho-analysis was and still is due to our unwillingness to recognize the rôle of the unconscious, yet to-day it is more or less universally acknowledged that it is not merely an abstract and benevolent concept of the doings of the Author of All Evil.

Moreover, despite the obvious unwillingness to honour the unconscious as an integral part of ourselves, the concept is not entirely unfamiliar to the mind of the common man and to the history of biology, medicine and psychology. 'I said it without thinking', 'it slipped off my tongue before I could think', 'before I even thought, I could hear myself say . . .', 'I said it automatically'—all these are everyday expressions.

Theories of sex and the unconscious have been touched upon, played with and guessed at from the days of the ancients. Aristotle was apparently at least partially aware of the problem when he related a certain story in his *De Anima*: a young colt, while grazing in the field, covered a mare but later, on recognizing that the mare was his mother, he jumped off a rock and killed himself. The connection between hysteria and the invisibly and imperceptibly wandering uterus was asserted for over two thousand years. All the literature on the examination and persecution of witches overtly recognizes the sexual substratum of the neuroses of the day.<sup>2</sup> Paracelsus was more specific when he stated that St. Vitus's dance should be renamed *Chorea Lasciva*, the cause of which he ascribed to unconscious factors (*ein angenommen imaginatz*). This *imaginatum*, says Paracelsus, is the cause of the disease not only in adults but also in children, for they too have this kind of imagination which comes not from understanding. 'The child's sight and hearing are so keen that it phantasies unconsciously (*es fantasiert unwüßende*).'<sup>3</sup> Such unconscious phantasying produces symptoms. In the middle of the eighteenth century, Jean

<sup>2</sup> Ernest Jones, *On the Nightmare*, 1931; Zilboorg, *The Medical Man and the Witch during the Renaissance* (The Hideyo Noguchi Lectures), 1935.

<sup>3</sup> Aureoli Theophrasti Paracelsi Schreyben von den Kranckheyten, 1567, Book I, Chap. 3.



Astruc asserted that men and not women alone suffer from hysteria and his statement met with the same haughty scepticism that confronted Freud when he presented similar findings before the Vienna Neurological Society towards the end of the nineteenth century.

The observations of Heinroth, the references of Janet to the unconscious and the main theses of Bergson's early works are manifestations of the same order, of almost conscious familiarity with the unconscious. The subsequent discovery of the unconscious and even the Œdipus complex<sup>4</sup> could thus be viewed as the ultimate and dramatic culmination of a series of imperceptible, culturally subliminal steps towards a deeper understanding of mental phenomena. Similar observations can be made of many discoveries in other sciences. Newton's discovery becomes less of a revelation and more of a summation when it is considered as the outcome of suggestions and assertions made by students from Archimedes to Galileo and the immediate predecessors and colleagues of Newton in the Royal Society. These facts do not, of course, detract from the genius of Newton or Freud, but their historical sequence does help to place psycho-analysis in its appropriate historical setting and to explain to a degree why, despite severe resistance, it has succeeded in penetrating so many strongholds of thought and so many fields of scientific endeavour.

### III

Considering the historical factors and the cultural transformations of the past quarter of a century, one might expect greater responsiveness to psycho-analysis rather than increased antagonism. Yet actualities confute this expectation notwithstanding the apparent popularity of Freud's teaching.

Groping for an answer to this puzzle, one's mind turns to the well-known phenomenon of dissensions and deflections which prevails among certain students of psycho-analysis in and outside the psycho-analytic movement. At the outset these students accepted psycho-analysis as Freud formulated it. They did not for the most part reject Freud's views on sexuality and none refused to recognize the unconscious. For many years they studied psycho-analysis sympathetically and they certainly could not escape the sense of enlightenment which the knowledge of new facts always brings to man. Yet,

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<sup>4</sup> Zilboorg, 'The Discovery of the Œdipus Complex: Episodes from Marcel Proust', *Psychoanalytic Quarterly*, Vol. VIII, 1939.



sooner or later, a number of these sympathetic students turned away from the empirical and theoretical foundations of psycho-analysis, some overtly, others covertly, some by means of condemnation, others with more or less oblique praise. Two earnest thinkers, Roland Dalbiez and Mortimer Adler, have recently added to the representative array of deflections and dissenting criticism.<sup>5</sup> The thought suggests itself: if some of those who are thoroughly familiar with the theory and the practice, the subject matter and the method of psycho-analysis, ultimately rise in protest against it, the cause or causes that make for the deflection must bear an especial kinship to the fundamental source of the general opposition. If we disregard the various, purely individual determinants of particular dissenters and if we find that all or most of these dissenting opinions show an essential uniformity, a psychological unity in their opposition, then it is not impossible that in their attitude a clue will be found to the solution of the vexing problem.

The psycho-analyst is well aware that external variations in attitudes do not exclude the possibilities of internal unity or uniformity. External manifestations may be multifarious while the determining instinctual source or conflict may well prove to be one and the same throughout. Despite the variety of styles of expression and modes of thinking, the bewilderment over mental diseases which prevailed from the days of Pythagoras, through Hippocrates and Galen to St. Augustine, St. Thomas, Vesalius, Harvey and Descartes and throughout the nineteenth century right up to the time of Freud, presents one cardinal characteristic trend: Man has a soul. At times it appeared that this soul and the intelligence and will, which are its major vehicles, were ill. Yet the indisposition of the soul was truly unthinkable, and therefore, impossible. This general attitude was best expressed by the later mediæval scholars and it found its conscious, scientific adherents among the best psychiatric students of the nineteenth century—Heinroth, Reil, Griesinger. It ran as follows: the soul is perfect and immortal; illness is an imperfection; the soul cannot be ill because what is perfect by definition can never become imperfect by accident. The body, marvellous though it may be as an organic phenomenon, is not perfect and therefore it is susceptible to all sorts of imperfections. There is no such thing as mental illness; all

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<sup>5</sup> Dalbiez, *La méthode psychanalytique et la doctrine freudienne*, 1936; and Adler, Mortimer J., *What Man Has Made of Man*, 1937.



allegedly mental diseases are nothing other than physical diseases, particularly brain diseases.<sup>6</sup> Reduced to its simplest terms this contention, a purely emotional conviction, may be said to represent the only convincing denial of death man has ever invented. It has determined the major direction of psychological science from time immemorial and perhaps for centuries to come. Man has made of immortality a psychologically incontrovertible fact.<sup>7</sup> Yet while he carries on the business of living, of catering to his mortal body, the postulate of immortality gives insufficient comfort to his mostly unconscious anxiety, his sense of helplessness. He must find a way to rid himself, to a degree at least, of this anxiety, otherwise he feels like a child, biologically and sociologically frustrated. A child cannot but observe that the elders do whatever they please, that their will is law. The passive submission to this law imperceptibly generates the need for passivity but also the counterpart, an escape into the phantasy that when it grows up it will be as free as all grown ups. Its will shall then be free, for a man's will is always free. Without this conviction, man would find it difficult, if not impossible, to maintain intact the companion conviction of immortality.

The instinctual narcissistic inevitability of these two convictions is obvious to any student of psycho-analysis, but this inevitability no less obviously becomes a potent force which leads the rebellious opposition against psycho-analysis. Psycho-analysis, with its 'inventions' of the psychic apparatus, does injury to this inevitability and undermines the security of a free will and an immortal existence. It arouses enormous masses of anxiety, re-awakens the sense of helplessness and leaves no alternative but to fall back into a stage of infantile passive submission to that which is law and to rise in protest and accuse psycho-analysis of being immoral, of removing the only basis for ethics and of disturbing law and order. It is this vicious circle of anxiety which leads the thinker back to the Thomistic philosophical dogma demon-

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<sup>6</sup> A detailed review of the psychology of this attitude will be found in three articles by the writer: 'Overestimation of Psychopathology', *American Journal of Orthopsychiatry*, Vol. IX, 1939; 'The Border Lines of Knowledge in Present-day Psychiatry', *New England Journal of Medicine*, Vol. 261, 1937; 'What Man Has Made of Man', *Psychoanalytic Quarterly*, Vol. VII, 1938.

<sup>7</sup> Cf. the writer's 'The Sense of Immortality', *Psychoanalytic Quarterly*, Vol. VII, 1938.



strated by Dalbiez and, more explicitly, by Mortimer Adler, who adopts the slogan 'Back to St. Thomas'.

If one sees this reaction in the light of these inner psychological motivations, it becomes clear that one need not be an official adherent of orthodox Christian apologetics to feel the pull in the direction of free will and immortality, for they are the inevitable expressions of the eternal inner conflict of man and they are the age-long components of all apologetics, both ecclesiastical and secular. They spring not from reason or even revelation, but from postulative dogma, from a *conditio sine qua non* which produces some semblance of inner security. That is perhaps the reason why such students as Horney, rediscovering the total denial of Freud's theory of the instincts as the basis for the understanding of the psychic apparatus, find it possible to claim that this denial restores the human personality, morality and religion 'to their original dignity'. That Freud never dealt with the soul seems to be overlooked; general confusion arises because these opinions disregard the fact that Freud introduced the concept of the psyche as a bio-psychological unit and, far from being a denial of the 'organic', as a part of the total organism in its minutest functions. Even those keen thinkers who try to arouse an inspired and conscious nostalgia for the return to Thomas Aquinas disregard this fact; they fail to observe the major principle of St. Thomas which saved Aristotle from being re-forgotten after he had been re-discovered. This principle presents perhaps the greatest contribution of St. Thomas. He adapted Aristotle to the prevailing apologetics by means of a new postulate: that which is true in philosophy may not be true in theology and *vice versa*. By confusing soul with psyche or psychic apparatus, a distortion of thought resulting from profound anxiety, the opponents of psycho-analysis found themselves unable to apply the Thomistic principles to the Freudian studies and unable to comprehend that what is true in psychology may not be true in traditional apologetics, Catholic, Protestant or secular, and *vice versa*—that the psychic apparatus is not the soul and the soul is not the psyche.

Descartes came very close to freeing himself from this confusion but, sensing the dangers of his century, he fell back upon the tradition of generations and set himself the task of finding a seat for the soul. His was the smallest seat that had been named up to that time, the pineal gland, but nevertheless it was a very definite seat. As long as the soul has a seat, it is set apart, it remains an independent unit free of blemishes. Since it cannot be ill, it is the body's business to keep



the seat of the soul as nearly well as possible. It is the body, the anatomy, the physiology that must be watched, cared for, cured. We are thus lead back into a world without psychology, a world which made Möbius proclaim with false pride and a pontifical bow to the microscope 'the hopelessness of all psychology'.

#### IV

Adler and Jung, the two earliest objectors to Freud, present the typical deviations from psycho-analysis which are implied in this outline. Adler's system starts with the organic, which is conceived rather naïvely as superficial anatomy ('organic inferiority'), and presents the accentuation of the trend of free will. Social organization is the most important factor; it is the one directly visible structure of our culture. In other words, Adler has a good deal to say about the environment in the most diffuse yet simplest sense. We ought to be masters of this environment; we are in fact the determiners and, if only we think well, we find that we know how to assert ourselves, how to fashion and dominate the world we live in, and how to exert perfect control over ourselves. This voluntaristic, sociological philosophy is but a modern edition of the old defence against that anxiety from which we attempt to save ourselves by the proclamation of free will. Social organization and current economic and political conflicts take the place of the traditional anatomico-physiological discussions of the past; they are the screen for the relentless craving to maintain the identity of the soul and to find an appropriate seat for it. From the psychological point of view, it makes little difference, of course, whether this seat is the pineal gland, a trade union, or a parliament. Once the seat has been located, all the problems involving the function of the psychic apparatus recede into the background. When and as the instinctual life of man becomes a serious hindrance to the serenity of his conclusions, the soul becomes dislodged and the current superficial conflicts, if duly stressed, enable him to hold himself at the greatest possible distance, and thus he avoids the discomforts involved in 'looking at himself'. In many respects, this is exactly the position occupied by Alfred Adler and it is particularly and more explicitly characteristic of the views recently evolved by Karen Horney.

On the other hand, should the point of affective emphasis fall upon the essence of the soul rather than upon free will, the 'seat' is displaced from the purely sociological elements to the tradition of metaphysical heritage. The universal, the eternal, the endless continuity



of the spiritual past with the spiritual future, the identity of these two in their pantheistic wholeness, come to the fore. In essence, the present is but an insignificant link in this continuity. The conflicts between the microcosm and the macrocosm, between the small ego and the universal, the discordant personal and the cosmic Nirvana, become the source of all ills. The concept of culture becomes transformed: whereas purely sociological psycho-pathology stresses man and his will and conceives of culture as something freely malleable that may be cut, measured, fitted and rearranged, the pantheistic psycho-pathology conceives of culture as a universal and indivisible external soul that is fundamentally independent of man, though it may occasionally seek him out and manipulate him for self-expression. This second road away from anxiety will already have been recognized as that indicated by Jung.

All the other major and minor deflections from psycho-analysis reveal themselves as based on the same fundamental conflict and they present only variations on the adaptations which Adler and Jung first expressed. Rank, for instance, stresses the separation from the universal, the pantheistic—organic birth; man must avoid the anxiety he would feel should he discover himself a separate unit, weak and mortal. The most recent views of Rado, underlining the *scientific*, seem to reflect the ancient need to find firm support in the physiological, the biological, in other words the thing that, theoretically at least, is subject to manipulation. The so-called pure scientist seeks to find comfort in the exercise of his power over the physiologically palpable and visibly measurable. To him science is the manifestation of control, of free will, and it also serves him by providing proper quarters for the soul—the physiological system. Under the guise of overt materialism, the ardent pure scientist in psychology is actually completely independent of matter. True, it is always the biological, anatomical and physiological units that preoccupy him. The psychic apparatus, when consciously conceived as soul, is discarded, repressed, and, when unconsciously conceived as soul, is concealed under the screen of scepticism. When in doubt, he says that we know only the biological, the reflexological, the scientific; what the rest is, we do not know. Paradoxical attitudes are very familiar to the psycho-analytic clinician and it will surprise no one if we conclude that the most materialistic physiological views in psychology, like those of Pavlov for instance, are actually based on the scientist's inability to overcome the fear that the acceptance of the concept of a psychic apparatus, as evolved



by Freud, might persuade him to give up the conscious or unconscious religious faith in the independence and immortality of the soul and in free will. It is not the validity of the physiologist's findings that are questionable ; these may be perfectly correct. It is the exclusivism of the so-called pure scientific psychologist that does injury to scientific fact, for it makes him blind to a number of essential findings that have been discovered by psycho-analysis. It is not a passive blindness, a mere inability to see. It is rather an amblyopia constantly fed by anxiety and therefore a combative distortion which always insists on its exclusive right to remain scotomized in a self-made halo of scientific clairvoyance.

Unless this underlying anxiety is sufficiently dissipated and a truly scientific differentiation between psyche and soul is made, a proper understanding and acceptance of psycho-analysis is practically impossible. I am afraid that the followers of Freud who consciously or intuitively fulfilled this prerequisite overlooked the full significance of man's most profound narcissistic tradition to make a megalomaniac introjection of the father (free will) and a similarly megalomaniac projection of his unwillingness to die (immortality, soul). The relationship of the general resistance against psycho-analysis to the mechanisms of introjection and projection is very instructive. The sociological objector to psycho-analysis utilizes primarily the mechanism of introjection and is, therefore, biased in favour of the motor expression of life, social changes and social controls. To him behaviour is mostly motor activity. He is the adept of the syntonic current action (Adler, Horney, to some extent Wilhelm Reich). On the other hand, projection leads to cosmic contemplation, to a kind of quietism and speculative constructions which acquire the value of realities. It produces an autistic orientation (Jung and, in part, Rank). The physiologico-reflexological point of view appears to utilize both mechanisms alternately and with equal cathexes. The value of realities of human motor behaviour are displaced on to the physiological equivalents of psychological activity and by means of deduction rather than induction a hypothetical individual is created (Rado).

The groundwork on which the structure of true psycho-analysis should be built may well be fashioned in the pattern of St. Thomas. The manifestations of our struggle against the anxiety aroused by our investigation of the psychic apparatus should not impinge upon the philosophy (validity) of our psychological science, no matter what



truths they might represent in theology or its unconscious equivalent. A confusion of the psyche as a scientific concept and the soul as a theological one mobilizes in us a complex mass of narcissistic cathexes which constitutes the fundamental source of the well-nigh invincible opposition to psycho-analysis.



# BIBLIOGRAPHY OF THE SCIENTIFIC PUBLICATIONS OF ERNEST JONES, M.D.

The numbering is a continuation of that used in the Bibliography of Dr. Ernest Jones's works published in this JOURNAL, Vol. X, 1929, pp. 363-382. The following correction should be made to the latter: No. 206, for 'J. x. 4' read 'Psyche xi. 1'.

## LIST OF ABBREVIATIONS OF NAMES OF PERIODICALS

- I. *Imago*.
- J. *International Journal of Psycho-Analysis*.
- Z. *Internationale Zeitschrift für Psychoanalyse*.

No.	Date.	Title.	Publication.	Vol.	Part.	Pages.
209.	1929 Dec. 4	Psycho-Analysis and Psychiatry.	<i>Institute of Psychiatry, Columbia University, New York.</i>	IV	1	81-94
	Jan., 1930		<i>Psychiatric Quarterly.</i>	XIV	2	384-398
	Apr., 1930	*	<i>Mental Hygiene.</i> *			
210.	1930 March	The Anxiety Character.	<i>Medical Review of Reviews. Psycho-pathological Number.</i>	XXXVI	3	177-185
211.	April 2	A Sleep Ritual (Contribution to Symposium on Sleep).	<i>British Psycho-Analytical Society.</i>			
212.	April	Inverse (Phallic) Inferiority.	J.	XI	2	232-233
213.	July	An Over-Determined Remark.	J.	XI	3	344-345
214.	Aug. 7	Psycho-Analysis and Biology.	<i>Proceedings of the Second International Congress of Sex Research.</i>			601-623
215.	Nov. 19	The Problem of Paul Morphy (A Contribution to the Psychology of Chess).	<i>British Psycho-Analytical Society.</i>			
	Jan., 1931		J.	XII	1	1-23
	May, 1931		<i>Psychoanalytische Bewegung.</i>	III	3	193-216
	Oct., 1931	*	<i>Revue Française de Psychanalyse.</i> *	IV	4	735-761



No.	Date.	Title.	Publication.	Vol.	Part.	Pages.
216.	<b>1931</b>	On the Nightmare (Contains Nos. 54, 98).	<i>Hogarth Press and the Institute of Psycho-Analysis.</i>			
217.	Dec. 10 July, 1932	Psycho-Analysis. *	<i>National Council for Mental Hygiene. Mental Hygiene.</i> *	V	I	I-5
218.	<b>1932</b> Sept. 4	The Phallic Phase.	<i>Twelfth International Psycho-Analytical Congress, Wiesbaden.</i>			
	Oct. 19 Nov. 2		<i>The British Psycho-Analytical Society. J. Z.</i>	XIV XIX	I 3	I-33 322-357
219.	Nov. 8 Jan., 1934	Psycho-Analysis and Modern Medicine. *	<i>Paddington Medical Society. The Lancet.</i> *	I		59-62
220. 221.	<b>1933</b> Mar. 15	Belief in the Occult. Psycho-Analysis and the Psychology of Religion. *	<i>The British Psycho-Analytical Society. Contribution to 'Psycho-Analysis To-day', Edited by Lorand.</i> *			
222.	<b>1935</b> Mar. 8	The Individual and Society.	<i>Sociological Society, London School of Economics.</i>	XXVII	3	245-263
223.	July Mar. 22 April, 1936 July, 1936	Psycho-Analysis and the Instincts.	<i>Sociological Review. British Psychological Society. I.</i>	XXII	2	129-146
			<i>British Journal of Psychology (General Section).</i>	XXVI	3	273-288



224.	April 24 July July	Early Female Sexuality.	<i>Vienna Psycho-Analytical Society.</i> J. Z.	xvi xxi xliv xliv	3 3 No. 174 No. 176	263-273 331-341 211-215 496-497
225.		Artistic Form and the Unconscious. *	<i>Mind.</i> *	{		
226.	1936 Feb. 1	The Psychology of Constitutional Monarchy.	<i>New Statesman and Nation.</i>			141-142
227.	Feb. 26	History of Psycho-Analysis.	<i>Psychological Society, Oxford.</i>			
228.	Mar. 3	The Criteria of Success in Treatment (Introduction to Symposium).	<i>British Psycho-Analytical Society.</i>			
229.	April	M. D. Eder : Obituary.	J. Z.	xvii xxii	2 3	143-146 295-298
230.	April 22	Freud at Eighty.	<i>News Chronicle.</i>			
231.	May 5	The Future of Psycho-Analysis (Opening of the Vienna Institute).	<i>Vienna Psycho-Analytical Society.</i> J. Z.	xvii xxiii	3 2	269-277 241-249
232.	July April, 1937 Aug. 6	Love and Morality : A Study in Character Types.	<i>Fourteenth International Congress, Marienbad.</i> <i>British Psycho-Analytical Society.</i>			
233.	Oct. 21 Jan., 1937 Nov. 29 Jan., 1937 May, 1938	Rationalism and Psycho-Analysis.	J. <i>Rationalist Association, Glasgow.</i> <i>Rationalist Press Association, London.</i> <i>The Freethinker.</i> *	xviii	1	1-5
234. 33	1938 Jan. Jan.	Contribution to Symposium : The Contribution of Abnormal Psychology to Psychology.	<i>Indian Science Congress.</i> <i>Indian Journal of Psychology.</i>	Special Issue		69-75



No.	Date.	Title.	Publication.	Vol.	Part.	Pages.
235.	Jan.	Papers on Psycho-Analysis. (Fourth Edition.) (Contains in revised form Nos. 53, 57, 68, 75, 77, 78, 89, 91, 99, 103, 119, 126, 131, 135, 138, 144, 149, 160, 161, 162, 181, 185, 194, 206, 207, 208, 209, 217, 222, 223, 230.) The Unconscious Mind and Medical Practice.	<i>Baillière, Tindall &amp; Cox.</i>			
236.	Mar. 31		<i>Swansea Division of the British Medical Association.</i>			
237.	June 25 June	Psycho-Analysis and Incest.	<i>The British Medical Journal.</i>	I	4042	1354-1359
238.	Nov. 27	How can Civilisation be Saved ? *	<i>The Archbishop of Canterbury's Committee on Incest.</i> <i>Federation of Progressive Societies and Individuals.</i> *			
239.	1939 May 23.	Evolution and Revolution.	<i>Institute of Psycho-Analysis, London.</i>			



# BULLETIN OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

EDITED BY

EDWARD GLOVER, GENERAL SECRETARY

## CLINIC REPORTS

(1937-1938)

The activities of the various Psycho-Analytical Clinics are along much the same lines as indicated in previous reports. The amount of work done in established centres does not vary much from year to year. The most outstanding item of news is the compulsory winding-up of the Vienna Poliklinik. It is gratifying to be able to report that the Indian Psycho-Analytical Society will shortly open a clinic. A report has been received from the Sendai Psycho-Analytical Society shewing that active clinical work is carried on by members of that group.

Although statistical details are not published on this occasion, some round figures are given by which the comparative scope of the various clinics can be estimated. As on former occasions the report of the Chicago Institute is outstanding by reason of the amount of energy devoted to research work. During the past year the staff there has been concerned specially with problems of asthma, hypertension and endocrinology. Reporting on the activities of the Paris Clinic, an interesting comment is made by Dr. Leuba. Examination of their cases shews a very high preponderance of sexual maladjustments, e.g. impotence. They do not regard this as an indication of actual excess of such cases in the population, but believe it to be due to the fact that the development of the clinic supplies a special need in this direction. A special report on the work of the clinic since its inception will shortly be published.

*Budapest.* New applications 79 (Adults: M. 43, F. 25. Children: M. 7, F. 4). Cases in treatment 59 (Adults: M. 21, F. 35. Children: M. 2, F. 1). Waiting treatment 75 (M. 49, F. 26).

*Chicago.* New applications 155 (M. 78, F. 77). Accepted for psycho-analysis 25. Accepted for short psychotherapy 16. Waiting list 12. Referred elsewhere 102.

*London.* New applications 90 (Adults: M. 54, F. 35. Child 1). Cases in treatment 53. Waiting treatment 142 (M. 85, F. 57).

*Palestine.* Thirty-six analyses have been carried through by the four members of the staff (Drs. Eitingon, Brandt, Dreyfuss and Gumbel). The clinic acts also as a guidance centre for the Jugendalijah, and Dr. Brandt acts as a guidance officer at a number of Kindergartens.

*Paris.* New applications 27 (recommended analytic treatment, 13).

*Japan.* Sendai (January, 1937, to August, 1938). Cases examined: Neuroses 136, sexual disturbances 5, psychoses 51.



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